

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003295

Entity Name: SAINT JOHNS NORTHWEST COMMERCIAL PROPERTY OWNERS ASSOCIATION, INC.

FILED
Apr 29, 2024
Secretary of State
4156219649CC

Current Principal Place of Business:

475 W. TOWN PLACE
SUITE 112
ST AUGUSTINE, FL 32092

Current Mailing Address:

5455 A1A SOUTH
ST AUGUSTINE, FL 32080 US

FEI Number: 59-3392626

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICE INC
5455 A1A SOUTH
ST. AUGUSTINE, FL 32080 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MCLAUGHLIN, GREG
Address 5455 A1A SOUTH
City-State-Zip: ST AUGUSTINE FL 32080

Title SECRETARY, TREASURER
Name BOUDREAU, STEPHEN
Address 5455 A1A SOUTH
City-State-Zip: ST AUGUSTINE FL 32080

Title DIRECTOR
Name CAIN, HERB
Address 5455 A1A SOUTH
City-State-Zip: ST AUGUSTINE FL 32080

Title D
Name GRUNDY, LON
Address 5455 A1A SOUTH
City-State-Zip: ST AUGUSTINE FL 32080

Title VP
Name BAER, RICK
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR
Name PROTIVA, SHARON
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR
Name TETSWORTH, DIANE
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GREG MCLAUGHLIN

P

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date