## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003295

Entity Name: SAINT JOHNS NORTHWEST COMMERCIAL PROPERTY

OWNERS ASSOCIATION, INC.

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

FILED Apr 08, 2015

**Secretary of State** 

CC8420695431

## Officer/Director Detail:

Title P Title V

NamePETER, JACKNameIVANOV, VESSELINAddress5455 A1A SOUTHAddress5455 A1A SOUTH

City-State-Zip: ST AUGUSTINE FL 32080 City-State-Zip: ST AUGUSTINE FL 32080

Title S/T Title D

NameOLIASAMI, JEFFREYNameHAHN, JAMESAddress5455 A1A SOUTHAddress5455 A1A SOUTH

City-State-Zip: ST AUGUSTINE FL 32080 City-State-Zip: ST AUGUSTINE FL 32080

Title D

Name CAIN, HERB 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: JACK PETER PRES

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/08/2015 Date