# 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: SEAN BATEMAN

City-State-Zip: ST. AUGUSTINE FL 32080

Electronic Signature of Signing Officer/Director Detail

04/04/2018

## DOCUMENT# N9600003295

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

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### 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

### 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

#### Officer/Director Detail :

Title	P	Title	VP
Name	BATEMAN, SEAN	Name	HAHN, JAMES
Address	5455 A1A SOUTH	Address	5455 A1A SOUTH
City-State-Zip:	ST AUGUSTINE FL 32080	City-State-Zip:	ST AUGUSTINE FL 32080
Title	S/T	Title	D
Name	BAKER, MELANIE	Name	COOPER, LARRY
Address	5455 A1A SOUTH	Address	5455 A1A SOUTH
City-State-Zip:	ST AUGUSTINE FL 32080	City-State-Zip:	ST AUGUSTINE FL 32080
Title	D		
Name	BAER, RICK		
Address	5455 A1A SOUTH		

#### FILED Apr 04, 2018 Secretary of State CC3405089179

Date

Certificate of Status Desired: No

Date