

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003295

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

**FILED**  
**Apr 21, 2016**  
**Secretary of State**  
**CC4932981489**

**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 PETER, JACK  
Address 5455 A1A SOUTH  
City-State-Zip: ST AUGUSTINE FL 32080

Title VP  
Name BAKER, MELANIE  
Address 5455 A1A SOUTH  
City-State-Zip: ST AUGUSTINE FL 32080

Title S/T  
Name NELS, JUSTIN  
Address 5455 A1A SOUTH  
City-State-Zip: ST AUGUSTINE FL 32080

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

Title D  
Name BATEMAN, SEAN  
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**

**PRESIDENT**

**04/21/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date