52201 90027 048 6125

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL 25 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000000142 ✓

1. Entity Name
St. Johns Golf & Country Club Community Association, Inc.

05/22/01-90027-048 $ 61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
224 St. Johns Golf Drive	7900 Glades Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. 200
City & State: St. Augustine, FL	City & State: Boca Raton, FL
Zip: 32092 Country: USA	Zip: 33434 Country: USA

4. FEI Number: 59-3732426 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: John Baric
Street Address (P.O. Box Number is Not Acceptable): 7900 Glades Road, Suite 200
City: Boca Raton, FL Zip Code: 33434

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	S. Morgan Brown
STREET ADDRESS	224 St. Johns Golf Drive
CITY-ST-ZIP	St. Augustine, FL 32092
TITLE	VP/D
NAME	Doug Maier
STREET ADDRESS	224 St. Johns Golf Drive
CITY-ST-ZIP	St. Augustine, FL 32092
TITLE	S/T/D
NAME	Rose Bock
STREET ADDRESS	224 St. Johns Golf Drive
CITY-ST-ZIP	St. Augustine, FL 32092
TITLE	
NAME	
STREET ADDRESS	
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DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ S. Morgan Brown 4/25/02 904 940-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #