

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000971

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** ST. JOHNS FOREST OFFICES MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

1861 PARADISE MOORINGS BLVD.  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

130 GATEWAY CIRCLE  
ST. JOHNS, FL 32259

**Current Mailing Address:**

1861 PARADISE MOORINGS BLVD.  
MIDDLEBURG, FL 32068

**New Mailing Address:**

130 GATEWAY CIRCLE  
ST. JOHNS, FL 32259

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EMMERICH, WILLIAM S  
1861 PARADISE MOORINGS BLVD.  
MIDDLEBURG, FL 32068 US

**Name and Address of New Registered Agent:**

LAW OFFICES OF C. GUY BOND  
11512 LAKE MEAD AVENUE  
SUITE 303  
JACKSONVILLE, FL 32256 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: MARY G. MORCOM

04/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Change (X) Addition  
Name: LEWIS, JASON DDS  
Address: 130 GATEWAY CIRCLE  
City-St-Zip: ST. JOHNS, FL 32256

Title: STD ( ) Change (X) Addition  
Name: PATTERSON, GUY R  
Address: 9191 RG SKINNER PARKWAY #30  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GUY R PATTERSON

STD

04/28/2009

Electronic Signature of Signing Officer or Director

Date