

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 01, 2011
Secretary of State

DOCUMENT# N08000000971

Entity Name: ST. JOHNS FOREST OFFICES MASTER ASSOCIATION, INC.**Current Principal Place of Business:**7643 GATE PARKWAY SUITE 104-142
JACKSONVILLE, FL 32256**New Principal Place of Business:**12058 SAN JOSE BLVD.
SUITE 904
JACKSONVILLE, FL 32223**Current Mailing Address:**7643 GATE PARKWAY SUITE 104-142
JACKSONVILLE, FL 32256**New Mailing Address:**P.O. BOX 600033
JACKSONVILLE, FL 32260**FEI Number:** 26-1884997**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LAW OFFICES OF C. GUY BOND
11512 LAKE MEAD AVENUE
SUITE 303
JACKSONVILLE, FL 32256 US**Name and Address of New Registered Agent:**PROPERTY MANAGEMENT PARTNERS OF ST. JOHNS
12058 SAN JOSE BLVD
SUITE 904
JACKSONVILLE, FL 32223 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: ELAINE T. BROOKS

11/01/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: LEWIS, JASON DDS
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: D
Name: PATTERSON, GUY R
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: D
Name: MURPHY, TIMOTHY
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

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: TIMOTHY MURPHY

D

11/01/2011

Electronic Signature of Signing Officer or Director

Date