

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 10 1998 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N96000003293 (5)

1. Corporation Name

SAINT JOHNS NORTHWEST MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~3370 INTERNATIONAL GOLF PKWY~~
~~ST AUGUSTINE FL 32092~~
~~US~~

3370 I INTERNATIONAL GOLF PKWY
ST AUGUSTINE FL 32092
US

3. Date Incorporated or Qualified

06/20/1996

4. FEI Number

59-3392622

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 101 East Town Place

26 101 East Town Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 200

27 Suite 200

City & State

City & State

23 St. Augustine, FL

28 St. Augustine, FL

Zip

Country

Zip

Country

24 32092

25 U.S.

29 32092

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIDSON, JAMES E JR

~~2395 INTERNATIONAL GOLF PARKWAY~~ 101 East Town Place
~~ST AUGUSTINE FL 32095-8427~~

Suite 200
St. Augustine, FL
32092

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DAVIDSON, JAMES E JR
STREET ADDRESS ~~2395 INTERNATIONAL GOLF PARKWAY~~
CITY-ST-ZIP ~~ST AUGUSTINE FL 32095-8427~~

TITLE ☐ DELETE

NAME GIL, EDUARDO
STREET ADDRESS ~~2395 INTERNATIONAL GOLF PARKWAY~~
CITY-ST-ZIP ~~ST AUGUSTINE FL 32095-8427~~

TITLE ☐ DELETE

NAME DAVIDSON, SHARON P
STREET ADDRESS ~~2395 INTERNATIONAL GOLF PARKWAY~~
CITY-ST-ZIP ~~ST AUGUSTINE FL 32095-8427~~

TITLE ☐ DELETE

NAME KELLY, VERNON
STREET ADDRESS 112 TPC BLVD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ DELETE

NAME BECKWITH, RUFFIN
STREET ADDRESS ~~112 TPC BLVD~~
CITY-ST-ZIP ~~112 TPC BLVD~~
PONTE VEDRA BEACH FL 32082

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/28/98

904.940.5050

CR2E037 (5/98)