

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003293

1. Entity Name

SAINT JOHNS NORTHWEST MASTER ASSOCIATION, INC.

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90133 037 ****61.25

Principal Place of Business

101 EAST TOWN PLACE
SUITE 200
ST AUGUSTINE FL 32092
US

Mailing Address

101 EAST TOWN PLACE
SUITE 200
ST AUGUSTINE FL 32092
US

2. Principal Place of Business

3. Mailing Address

5455 AIA South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Augustine, FL

Zip

Country

32092

Country

St Johns

4. FEI Number

59-3392622

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIDSON, JAMES E JR
101 EAST TOWN PLACE
SUITE 200
ST AUGUSTINE FL 32092

7. Name and Address of New Registered Agent

Name: MAY MANAGEMENT SERVICES, INC

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

475 WEST TOWN PLACE

Suite 116

City

St. Augustine

FL

Zip Code

32092

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME DAVIDSON, JAMES E JR
STREET ADDRESS 101 EAST TOWN PLACE, SUITE 200
CITY-ST-ZIP ST AUGUSTINE FL 32092 ☒ Delete

TITLE PD
NAME Davidson, Sherry
STREET ADDRESS 101 EAST TOWN PLACE SUITE 200
CITY-ST-ZIP St. Augustine, FL. 32092 ☒ Change ☐ Addition

TITLE TD
NAME GIL, EDUARDO
STREET ADDRESS 101 EAST TOWN PLACE, SUITE 200
CITY-ST-ZIP ST AUGUSTINE FL 32092 ☐ Delete

TITLE VD
NAME Pariani, Rick
STREET ADDRESS 101 EAST TOWN PLACE SUITE 200
CITY-ST-ZIP St. Augustine, FL. 32092 ☒ Change ☐ Addition

TITLE SD
NAME DAVIDSON, SHARON P
STREET ADDRESS 101 EAST TOWN PLACE, SUITE 200
CITY-ST-ZIP ST AUGUSTINE FL 32092 ☒ Delete

TITLE SD
NAME Pariani, Rick
STREET ADDRESS 101 EAST TOWN PLACE SUITE 200
CITY-ST-ZIP St. Augustine, FL. 32092 ☒ Change ☐ Addition

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

TITLE D
NAME ABBOTT, CLAUDE
STREET ADDRESS 408 REDBAY COURT
CITY-ST-ZIP St. Augustine, FL. 32092 ☒ Change ☐ Addition

TITLE D
NAME BECKWITH, RUFFIN
STREET ADDRESS 21 WORLD GOLF PLACE
CITY-ST-ZIP ST AUGUSTINE FL 32092 ☒ Delete

TITLE D
NAME KOMPARE, DENNIS
STREET ADDRESS 208 Edge of Woods Rd.
CITY-ST-ZIP St. Augustine, FL. 32092 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/02)

904-940-5050