

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000003293

1. Entity Name

SAINT JOHNS NORTHWEST MASTER ASSOCIATION,
INC.



Principal Place of Business

101 EAST TOWN PLACE
SUITE 200
ST AUGUSTINE, FL 32092 US

Mailing Address

5455 AIA SOUTH
ST. AUGUSTINE, FL 32080 US



01042006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

MAY MANAGEMENT SERVICES, INC.
475 WEST TOWN PLACE
SUITE 116
ST AUGUSTINE, FL 32092

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIDSON, SHERRY
STREET ADDRESS	101 EAST TOWN PLACE, SUITE 200
CITY-ST-ZIP	ST AUGUSTINE, FL 32092
TITLE	TD
NAME	GIL, EDUARDO
STREET ADDRESS	101 EAST TOWN PLACE, SUITE 200
CITY-ST-ZIP	ST AUGUSTINE, FL 32092
TITLE	VSD
NAME	PARIANI, RICK
STREET ADDRESS	101 EAST TOWN PLACE, SUITE 200
CITY-ST-ZIP	ST AUGUSTINE, FL 32092
TITLE	D
NAME	ABBOTT, CLAUDE
STREET ADDRESS	408 BEDBAG CT
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	D
NAME	DENNIS, KOMPARE
STREET ADDRESS	208 EDGE ST WOODS RD
CITY-ST-ZIP	ST. AUGUSTINE, FL 32072
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/06-80029-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/06

904-940-5055