

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90033 015 ****61.25

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**

4000000000



01172007 No Chg-NP

CR2E037 (4/06)

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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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 #

1/26/07