

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90050 032 \*\*\*\*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



01082008 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, 2008**

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

**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

*Edwards Gil*

Date

Daytime Phone #

1/18/08 904.240.5000