

FOR-PROFIT CORPORATION BUSINESS REPORT (UBR)

N96000003293

IS: NORTHWEST MASTER ASSOCIATION, INC.



FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90073 035 ****61.25

10091093



☐ CHECK HERE IF MAKING CHANGES

1. Place of Business 475 WEST TOWN PLACE SUITE 200 ST. AUGUSTINE FL 32092 US		Mailing Address 5455 AIA SOUTH ST. AUGUSTINE FL 32080 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Law E. Short*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIDSON, SHERRY 101 EAST TOWN PLACE, SUITE 200 ST AUGUSTINE FL 32092 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIL, EDUARDO 101 EAST TOWN PLACE, SUITE 200 ST AUGUSTINE FL 32092 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PARIANI, RICK 101 EAST TOWN PLACE, SUITE 200 ST AUGUSTINE FL 32092 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBOTT, CLAUDE 101 EAST TOWN PLACE, SUITE 200 ST AUGUSTINE FL 32092 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Claude Abbott 408 Bidbay Ct. St. Augustine, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOMPARE, DENNIS 101 EAST TOWN PLACE, SUITE 200 ST AUGUSTINE FL 32092 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition D Kompare, Dennis 208 Edge of Woods Rd. St. Augustine, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

CR2E037 (10/02)

1/15/03 900 900 5050