

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

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

01-31-2007 90033 017 \*\*\*\*61.25

**DOCUMENT # N96000003295**

1. Entity Name  
**SAINT JOHNS NORTHWEST COMMERCIAL PROPERTY  
OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**101 EAST TOWN PLACE  
SUITE 200  
ST AUGUSTINE, FL 32092 US**

Mailing Address  
**5455 A1A SOUTH  
ST AUGUSTINE, FL 32080 US**

**40006860**



01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-3392626**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MAY MANAGEMENT SERVICE INC  
475 WEST TOWN PLACE SUITE 116  
SAINT 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 PALCE STE 200 ST AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARIANI, RICK 101 EAST TOWN PLACE STE 200 ST AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARIANI, RICK 101 EAST TOWN PLACE STE 200 ST AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROMWELL, TIM 101 EAST TOWN PLACE SUITE 400 SAINT AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JOHN 7014 AC SKINNER PKWY SUITE 290 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIL, EDUARDO 101 E. TOWN PLACE, STE 200 ST AUGUSTINE, FL 32093

**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 officers empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/07