

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90044 030 ****61.25

DOCUMENT # N96000003296

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



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

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

40021145



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3392628

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAY MANAGEMENT SERVICE, INC.
475 WEST TOWN PLACE
STE 116
ST. AUGUSTINE, FL 32092**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**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

**VD
PARIANI, RICK
101 EAST TOWN PLACE STE 200
SAINT 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

**TREASURER
FRANK LONG
116 PINE HURST POINTE DR.
SAINT AUGUSTINE, FL. 32092**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SD
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
408 REDBAY COURT
SAINT AUGUSTINE, FL 32092**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PRESIDENT
CLAUDE ABBOTT
408 REDBAY COURT
SAINT AUGUSTINE, FL. 32092**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
KOMPARE, DENNIS
208 EDGE OF WOODS RD
SAINT AUGUSTINE, FL 32092**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VICE PRESIDENT / SECRETARY
DENNIS KOMPARE
208 EDGE OF WOODS ROAD
SAINT AUGUSTINE, FL. 32092**

☒ Change ☐ Addition

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 #