

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90024 010 \*\*\*\*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



01082008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3392628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAY MANAGEMENT SERVICE, INC.  
475 WEST TOWN PLACE  
STE 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	T
NAME	LONG, FRANK
STREET ADDRESS	116 PINE HURST POINTE DR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	P
NAME	ABBOTT, CLAUDE
STREET ADDRESS	408 REDBAY COURT
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	VPS
NAME	KOMPARE, DENNIS
STREET ADDRESS	208 EDGE OF WOODS RD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	D
NAME	Peter Smith
STREET ADDRESS	125 Pinehurst Pointe Dr.
CITY-ST-ZIP	St. Augustine FL 32092
TITLE	D
NAME	Michael Talbot
STREET ADDRESS	321 Edge of Woods Rd.
CITY-ST-ZIP	St. Augustine FL 32092
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

Date

Daytime Phone #

1-21-08 (904)  
940-531