

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003296

FILED  
Apr 01, 2011  
Secretary of State

**Entity Name:** SAINT JOHNS NORTHWEST RESIDENTIAL PROPERTY OWNERS ASSOCIATON, INC.

**Current Principal Place of Business:**

475 W. TOWN PLACE  
SUITE 112  
ST. AUGUSTINE, FL 32092 US

**New Principal Place of Business:**

**Current Mailing Address:**

5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080 US

**New Mailing Address:**

**FEI Number:** 59-3392628

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAY MANAGEMENT SERVICE, INC.  
475 WEST TOWN PLACE  
STE 112  
ST. AUGUSTINE, FL 32092 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: ST  
Name: LONG, FRANK  
Address: 5455 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: P  
Name: ABBOTT, CLAUDE  
Address: 5455 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VP  
Name: KOMPARE, DENNIS  
Address: 5455 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D  
Name: SMITH, HELEN  
Address: 5455 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D  
Name: TALBERT, MICHAEL  
Address: 5455 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANK LONG

S/T

04/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date