

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003299

1. Entity Name

SAINT JOHNS NORTHEAST MASTER ASSOCIATION, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90368 042 ****61.25

0007510

766904



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

101 E TOWN PL
SUITE 200
ST. AUGUSTINE FL 32092
US

10036 SAWGRASS DR.
SUITE 1
PONTE VEDRA BEACH FL 32082
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3392619**

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

ARENAS, PATRICIA
10036 SAWGRASS DR.
SUITE 1
PONTE VEDRA BEACH FL 32082

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.

SIGNATURE

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME DAVIDSON, JAMES E JR.
STREET ADDRESS 101 E TOWN PL, #200
CITY-ST-ZIP ST. AUGUSTINE FL 32092 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT
NAME GIL, EDUARDO
STREET ADDRESS 101 E TOWN PL, #200
CITY-ST-ZIP ST. AUGUSTINE FL 32092 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME KELLY, VERNON
STREET ADDRESS 112 TPC BLVD.
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME DAVIDSON, SHARON P
STREET ADDRESS 101 E TOWN PL, #200
CITY-ST-ZIP ST. AUGUSTINE FL 32092 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/01

964-944-5050

CR2E037 (10/00)