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

FILED Apr 27, 2007 8:00 am Secretary of State

DOCUMENT # N9600003299 1. Entity Name SAINT JOHNS NORTHEAST MASTER ASSOCIATION, INC.							*61.25		
Principal Place of Business 1548 THE GREENS WAY SUITE 4 JACKSONVILLE BEACH, FL 32250 US		Mailing Address C/O MAY MGMT. SVC,INC. 5455 US HWY A1A SOUTH SAINT AUGUSTINE, FL 32080 US							
2. Principal Place of Business - No P.O. Box # 1548 THE GREENS WAY		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172007	Chg-NP	CR2E037 (12/06	5)		
JACKSONULLE BEACH FL		City & State		4. FEI Number 59-3392	619		Applied For Not Applicable		
Zip 32つ3	SO USA	Zip	Country	5. Certificate of	Status Desired	□ \$8.75 Fee Requ			
	6. Name and Address of Current I	Registered Agent		7. Name and A	ddress of New	Registered Agent			
LEAV LAALI	ACCIDENT		Name						
MAY MANAGEMENT 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080				Street Address (P.O. Box Number is Not Acceptable)					
				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 or registered agent. SIGNATURE Signature, hydror printed name of registered agent and late if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
SIGNATURE	Signature, typing or printed name of registered agent a	and title if applicable. (NOTI	E: Registered Agent signat	ure required when reinstating)		DATE			
	Signassie, typid or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007		mpaign Financing	\$5.00 May Be Added to Fees	FI	Make check payable orida Department of			
	Fijing Fee is \$61.25	9. Election Car Trust Fund C	mpaign Financing	\$5.00 May Be Added to Fees		Make check payable	State		
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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:	Balas	Shook	Barbara Shook	4-20-07	904-543-0024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone #	