

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

02-20-2003 90132 009 ****61.25

DOCUMENT # N96000003299

1. Entity Name

SAINT JOHNS NORTHEAST MASTER ASSOCIATION, INC.



Principal Place of Business

**475 WEST TOWN PLACE
SUITE 116
SAINT AUGUSTINE FL 32092
US**

Mailing Address

**475 WEST TOWN PLACE
SUITE 116
SAINT AUGUSTINE FL 32092
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3392619**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, JAMES E JR.	
STREET ADDRESS	101 E TOWN PL, #200	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GIL, EDUARDO	
STREET ADDRESS	101 E TOWN PL, #200	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KELLY, VERNON	
STREET ADDRESS	112 TPC BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, SHARON P	
STREET ADDRESS	101 E TOWN PL, #200	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davidson, Sharon	
STREET ADDRESS	101 East Town Pl, Ste 200	
CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President, Secretary D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paloni, Rick	
STREET ADDRESS	101 East Town Pl, Ste 200	
CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2037 (10/02)