

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003300 (8)

1. Corporation Name

SAINT JOHNS SOUTHEAST MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3370 1 INTERNATIONAL GOLF PKWY
ST. AUGUSTINE FL 32092
US

3370 1 INTERNATIONAL GOLF PKWY
ST. AUGUSTINE FL 32092
US

2. Principal Place of Business

21 101 East Town Place

Suite, Apt. #, etc.

22 Suite 200

City & State

23 St. Augustine, FL

Zip

Country

24 32092

25 U.S.

2a. Mailing Address

26 101 East Town Place

Suite, Apt. #, etc.

27 Suite 200

City & State

28 St. Augustine, FL

Zip

Country

29 32092

30 U.S.

9. Name and Address of Current Registered Agent

DAVIDSON, JAMES E

2395 INTERNATIONAL GOLF PARKWAY
ST. AUGUSTINE FL 32095-8427

101 East Town Place
Suite 200
St. Augustine, FL
32092

3. Date Incorporated or Qualified

06/20/1996

4. FEI Number

59-3392620

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
DAVIDSON, JAMES E JR.
STREET ADDRESS 2395 INTERNATIONAL GOLF PARKWAY
CITY-ST-ZIP ST. AUGUSTINE FL 32095-8427

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME TD
GIL, EDUARDO
STREET ADDRESS 2395 INTERNATIONAL GOLF PARKWAY
CITY-ST-ZIP ST. AUGUSTINE FL 32095-8427

TITLE ☐ DELETE

NAME SD
DAVIDSON, SHARON P
STREET ADDRESS 2395 INTERNATIONAL GOLF PARKWAY
CITY-ST-ZIP ST. AUGUSTINE FL 32095-8427

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 101 East Town Place, Suite 200
1.4 CITY-ST-ZIP St. Augustine, FL 32092

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 101 East Town Place, Suite 200

3.4 CITY-ST-ZIP St. Augustine, FL 32092

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 101 East Town Place, Suite 200

4.4 CITY-ST-ZIP St. Augustine, FL 32092

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 10 1998 8:00am
Secretary of State



CR2E037 (5/98)