


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 20, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N96000003300</b>		
1. Entity Name <b>SAINT JOHNS SOUTHEAST MASTER ASSOCIATION, INC.</b>		
Principal Place of Business <b>101 EAST TOWN PLACE SUITE 200 ST. AUGUSTINE, FL 32092 US</b>	Mailing Address <b>5455 A1A SOUTH ST AUGUSTINE, FL 32080 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>MAY MANAGEMENT SERVICES, INC 475 WEST TOWN PLACE SUITE 116 ST. AUGUSTINE, FL 32092</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIDSON, SHERRY 101 EAST TOWN PLACE, SUITE 200 ST. AUGUSTINE, FL 32092	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARIANI, RICK 101 E TOWN PLACE, STE 200 SAINT AUGUSTINE, FL 32092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARIANI, RICK 101 EAST TOWN PLACE, SUITE 200 ST. AUGUSTINE, FL 32092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, PHILIP 475 COMMERCE LAKE DR ST. AUGUSTINE, FL 32092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, CORD 475 COMMERCE LAKE DR SAINT AUGUSTINE, FL 32092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIL, EDUARDO 101 EAST TOWN PLACE STE 200 SAINT AUGUSTINE, FL 32092	
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.		
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>1/12/06 904.948.5050</b> <small>Date Daytime Phone #</small>



01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3392620</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

1100000393660  
01/25/06-80029-017 61.25