


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

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90045 019 ****61.25

DOCUMENT # N96000003300 1. Entity Name SAINT JOHNS SOUTHEAST MASTER ASSOCIATION, INC.	
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Principal Place of Business 101 EAST TOWN PLACE SUITE 200 ST. AUGUSTINE, FL 32092 US	Mailing Address 5455 A1A SOUTH ST AUGUSTINE, FL 32080 US
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DO NOT WRITE IN THIS SPACE



01172007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent MAY MANAGEMENT SERVICES, INC 475 WEST TOWN PLACE SUITE 116 ST. AUGUSTINE, FL 32092

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIDSON, SHERRY 101 EAST TOWN PLACE, SUITE 200 ST. AUGUSTINE, FL 32092
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

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IN THIS SPACE**

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 jobs empowered.

SIGNATURE: _____ **1/26/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #