

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90050 024 ****61.25

DOCUMENT # N96000003300

1. Entity Name
SAINT JOHNS SOUTHEAST MASTER ASSOCIATION,
INC.



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



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-3392620 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ **\$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, 2008**

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 |
|--|---|

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD PARIANI, RICK 101 E TOWN PLACE, STE 200 SAINT AUGUSTINE, FL 32092 |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD PARIANI, RICK 101 EAST TOWN PLACE, SUITE 200 ST. AUGUSTINE, FL 32092 |
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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | B GRAHAM, PHILIP 475 COMMERCE LAKE DR ST. AUGUSTINE, FL 32092 <i>Delete</i> |
|--|--|

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BUTLER, CORD 475 COMMERCE LAKE DR SAINT AUGUSTINE, FL 32092 |
|--|--|

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|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T GIL, EDUARDO 101 EAST TOWN PLACE STE 200 SAINT AUGUSTINE, FL 32092 |
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**DO NOT WRITE
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 like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08 *904.940.5050*
Date Daytime Phone #