

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003300

FILED
Mar 11, 2010
Secretary of State

Entity Name: SAINT JOHNS SOUTHEAST MASTER ASSOCIATION, INC.

Current Principal Place of Business:

475 W TOWN PLACE
SUITE 112
ST. AUGUSTINE, FL 32092 US

New Principal Place of Business:

Current Mailing Address:

5455 A1A SOUTH
ST AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 59-3392620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: DAVIDSON, SHERRY
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VP
Name: PARIANI, RICK
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D
Name: GARRETT, JEFF
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D
Name: SILVERFIELD, LEED
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: T
Name: GIL, EDUARDO
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDUARDO GIL

T

03/11/2010

Electronic Signature of Signing Officer or Director

_____ Date