


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90033 011 \*\*\*\*61.25

<b>DOCUMENT # N98000007272</b>	
1. Entity Name <b>SAINT JOHNS - SIX MILE CREEK NORTH PROPERTY OWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>101 E TOWN PLACE, SUITE 200 ST AUGUSTINE, FL 32092</b>	Mailing Address <b>101 E TOWN PLACE, SUITE 200 ST AUGUSTINE, FL 32092</b>
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2. Principal Place of Business	3. Mailing Address <b>c/o MAY MGMT Svc, INC</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>5455 US HWY A1A SOUTH</b>
City & State	City & State <b>ST. AUGUSTINE, FL.</b>
Zip	Country <b>32080 USA</b>



01042006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3557389</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>MAY MANAGEMENT SERVICES, INC. 475 WEST TOWN PLACE SUITE 116 ST AUGUSTINE, FL 32092</b>		
7. Name and Address of New Registered Agent Name <b>MAY MANAGEMENT Svc, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5455 U.S. HWY A1A SOUTH</b> City <b>ST. AUGUSTINE, FL</b> Zip Code <b>32080</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 *Benign Matlock, Ginger Matlock, Secretary 1/17/06* DATE 1/17/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIDSON, SHERRY 101 E TOWN PLACE, SUITE 200 ST AUGUSTINE, FL 32092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARIANI, RICK 101 E TOWN PLACE, SUITE 200 ST AUGUSTINE, FL 32092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURENT, ELLENS 101 E TOWN PLACE, SUITE 200 ST AUGUSTINE, FL 32092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **1/12/06 904.940.50** **Date** **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR