

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

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

01-31-2007 90033 016 ****61.25

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1. Entity Name
**SAINT JOHNS - SIX MILE CREEK NORTH PROPERTY
OWNERS ASSOCIATION, INC.**



Principal Place of Business
**101 E TOWN PLACE, SUITE 200
ST AUGUSTINE, FL 32092**

Mailing Address
**C/O MAY MGMT SVC., INC
5455 US HWY A1A SOUTH
SAINT AUGUSTINE, FL 32080**

DO NOT WRITE IN THIS SPACE



01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3557389

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
5455 US HWY A1A SOUTH
SAINT AUGUSTINE, FL 32080**

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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 PD
NAME DAVIDSON, SHERRY
STREET ADDRESS 101 E TOWN PLACE, SUITE 200
CITY-ST-ZIP ST AUGUSTINE, FL 32092

TITLE SD
NAME PARIANI, RICK
STREET ADDRESS 101 E TOWN PLACE, SUITE 200
CITY-ST-ZIP ST AUGUSTINE, FL 32092

TITLE D
NAME LAURENT, ELLENS
STREET ADDRESS 101 E TOWN PLACE, SUITE 200
CITY-ST-ZIP ST AUGUSTINE, FL 32092

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/07
Date

Daytime Phone #