

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

DOCUMENT # N98000007272

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

**FILED
Jan 22, 2008 8:00 am
Secretary of State**

01-22-2008 90050 033 ***61.25

4000000



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3557389	<input type="checkbox"/> 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 MAY MANAGEMENT SERVICES, INC. 475 WEST TOWN PLACE 5455 US HWY A1A SOUTH SAINT AUGUSTINE, FL 32080

**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	PO DAVIDSON, SHERRY 101 E TOWN PLACE, SUITE 200 ST AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARIANI, RICK 101 E TOWN PLACE, SUITE 200 ST AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURENT, ELLENS 101 E TOWN PLACE, SUITE 200 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	

**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

Edmund G. S. 1/15/08 904.940.5050
Date Daytime Phone #