

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007272

**FILED**  
**Mar 27, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

101 E TOWN PLACE, SUITE 200  
ST AUGUSTINE, FL 32092

**New Principal Place of Business:**

475 W TOWN PLACE  
SUITE 112  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

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

**New Mailing Address:**

5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**FEI Number:** 59-3557389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAY MANAGEMENT SERVICES, INC.  
475 WEST TOWN PLACE  
5455 US HWY A1A SOUTH  
SAINT AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

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

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:

03/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DAVIDSON, SHERRY  
Address: 101 E TOWN PLACE, SUITE 200  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: SD ( ) Delete  
Name: PARIANI, RICK  
Address: 101 E TOWN PLACE, SUITE 200  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: D ( ) Delete  
Name: LAURENT, ELLENS  
Address: 101 E TOWN PLACE, SUITE 200  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: JOHANNESSEN, EUNICE  
Address: 5455 A1A SOUTH  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: S (X) Change ( ) Addition  
Name: BERRY, KEN  
Address: 5455 A1A SOUTH  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VP (X) Change ( ) Addition  
Name: ADAMEC, CHRIS  
Address: 5455 A1A SOUTH  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: T ( ) Change (X) Addition  
Name: FULD, GARRY  
Address: 5455 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Change (X) Addition  
Name: WYNN, BILL  
Address: 5455 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EUNICE JOHANNESSEN

P

03/27/2009

Electronic Signature of Signing Officer or Director

Date