

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000142

Entity Name: ST. JOHNS GOLF & COUNTRY CLUB COMMUNITY ASSOCIATION, INC.**FILED**
Feb 27, 2019
Secretary of State
0379319534CC**Current Principal Place of Business:**11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224**Current Mailing Address:**11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224**FEI Number: 59-3732426****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FIRST COAST ASSOCIATION MANAGEMENT
11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	ERNST, PATTI
Address	11555 CENTRAL PARKWAY SUITE 801
City-State-Zip:	JACKSONVILLE FL 32224

Title	PRESIDENT
Name	SEVESTRE, BOB C.
Address	11555 CENTRAL PARKWAY SUITE 801
City-State-Zip:	JACKSONVILLE FL 32224

Title	TREASURER
Name	KURTZ, BILL
Address	11555 CENTRAL PARKWAY SUITE 801
City-State-Zip:	JACKSONVILLE FL 32224

Title	SECRETARY
Name	PATTERSON, ROB
Address	11555 CENTRAL PARKWAY SUITE 801
City-State-Zip:	JACKSONVILLE FL 32224

Title	SECRETARY
Name	MOORMAN, LARRY
Address	11555 CENTRAL PARKWAY SUITE 801
City-State-Zip:	JACKSONVILLE FL 32224

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: BOB C SEVESTRE**PRESIDENT****02/27/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date