

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000142

Entity Name: ST. JOHNS GOLF & COUNTRY CLUB COMMUNITY ASSOCIATION, INC.**FILED**
Jan 27, 2014
Secretary of State
CC7402098981**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	ONEILL, PATRICK
Address	11555 CENTRAL PARKWAY SUITE 801
City-State-Zip:	JACKSONVILLE FL 32224

Title	P
Name	CONCHING, MICHAEL
Address	11555 CENTRAL PARKWAY SUITE 801
City-State-Zip:	JACKSONVILLE FL 32224

Title	SEC
Name	JOHNSON, AMELIA
Address	11555 CENTRAL PARKWAY SUITE 801
City-State-Zip:	JACKSONVILLE FL 32224

Title	T
Name	FREDERICK, JAMES C.
Address	11555 CENTRAL PARKWAY SUITE 801
City-State-Zip:	JACKSONVILLE FL 32224

Title	DIR
Name	BARRETT, RICHARD
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: MICHAEL CONCHING**PRESIDENT****01/27/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date