

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010050

Entity Name: ST. JOHNS FOREST MASTER PROPERTY OWNERS
ASSOCIATION, INC.**FILED**
Feb 20, 2015
Secretary of State
CC3089104634**Current Principal Place of Business:**11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224**Current Mailing Address:**11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224 US**FEI Number: 20-1160631****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FIRST COAST ASSOCIATION MANAGEMENT, LLC
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:** ALICE HUBBARD

02/20/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** TREASURER
Name SCHIFFNER, ROBERT C.
Address 11555 CENTRAL PARKWAY
SUITE 801
City-State-Zip: JACKSONVILLE FL 32224**Title** VP
Name JOHNSON, JASON
Address 11555 CENTRAL PARKWAY
SUITE 801
City-State-Zip: JACKSONVILLE FL 32224**Title** DIRECTOR
Name BOHNSACK, GREGORY
Address 11555 CENTRAL PARKWAY
SUITE 801
City-State-Zip: JACKSONVILLE FL 32224**Title** DIRECTOR
Name REMSEN, RUTH
Address 11555 CENTRAL PARKWAY
SUITE 801
City-State-Zip: JACKSONVILLE FL 32224**Title** DIRECTOR
Name EARLEY, BRIAN D.
Address 11555 CENTRAL PARKWAY
SUITE 801
City-State-Zip: JACKSONVILLE FL 32224**Title** SECRETARY
Name LUETTICH, C. D. JR.
Address 11555 CENTRAL PARKWAY
SUITE 801
City-State-Zip: JACKSONVILLE FL 32224**Title** PRESIDENT
Name BARKER, JAMES
Address 11555 CENTRAL PARKWAY
SUITE 801
City-State-Zip: JACKSONVILLE FL 32224**Title** DIRECTOR
Name MCCOLLUM, MARY A.
Address 11555 CENTRAL PARKWAY
SUITE 801
City-State-Zip: JACKSONVILLE FL 32224**Continues on page 2**

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: JAMES BARKER

PRESIDENT

02/20/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	JORGENSEN, STEPHEN
Address	11555 CENTRAL PARKWAY SUITE 801
City-State-Zip:	JACKSONVILLE FL 32224