

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000009315

**Entity Name:** ST. JOHNS COUNTY CATTLEMAN ASSOCIATION, INC.

**Current Principal Place of Business:**

2380 DEER RUN ROAD  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

2380 DEER RUN ROAD  
ST AUGUSTINE, FL 32084

**FEI Number:** 46-1295635

**Certificate of Status Desired:** No

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

FAZIO, KATHY  
2380 DEER RUN ROAD  
ST AUGUSTINE, FL 32084 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 P  
Name JONES, TERRELL  
Address 5095 DATIL PEPPER ROAD  
City-State-Zip: ST AUGUSTINE FL 32086

Title V  
Name BAKER, LANCE  
Address 6913 CYPRESS POINT DRIVE  
City-State-Zip: ST AUGUSTINE FL 32086

Title T  
Name FAZIO, KATHY  
Address 2380 DEER RUN ROAD  
City-State-Zip: ST AUGUSTINE FL 32084

Title S  
Name PINDZIA, TORI  
Address 1300 PONCE DE LEON STREET  
City-State-Zip: ST AUGUSTINE FL 32080

*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:** KATHY FAZIO

**TREASURER**

**02/07/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date