

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003293

Entity Name: SAINT JOHNS NORTHWEST MASTER ASSOCIATION, INC.**Current Principal Place of Business:**475 W TOWN PLACE
SUITE 112
ST AUGUSTINE, FL 32092**Current Mailing Address:**5455 AIA SOUTH
ST. AUGUSTINE, FL 32080 US**FEI Number:** 59-3392622**Certificate of Status Desired:** No**Name and Address of Current 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	CARLO, ARTHUR
Address	5455 A1A SOUTH
City-State-Zip:	ST AUGUSTINE FL 32080

Title	VP
Name	SMITH, PETER
Address	5455 AIA SOUTH
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	T
Name	LONG, FRANK
Address	5455 A1A SOUTH
City-State-Zip:	ST AUGUSTINE FL 32080

Title	SECRETARY
Name	WILLIAMS, LANCE
Address	5455 A1A SOUTH
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	D
Name	SMITH, HELEN
Address	5455 A1A SOUTH
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: FRANK LONG

TREASURER

02/27/2020

Electronic Signature of Signing Officer/Director Detail_____
Date