## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jul 15, 2009 **DOCUMENT#713873** Secretary of State

Entity Name: ST. AUGUSTINE & ST. JOHNS COUNTY BOARD OF REALTORS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1789 LAKESIDE AVE ST. AUGUSTINE, FL 32084 **Current Mailing Address: New Mailing Address:** 1789 LAKESIDE AVE ST. AUGUSTINE, FL 32084 FEI Number: 59-2024315 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLANCHARD, MARIAN M RAYMOS, VICTOR J 1789 LAKESIDE AVE 1789 LAKESIDE AVE ST AUGUSTINE, FL 32084 ST AUGUSTINE, FL 32084 US 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: VICTOR J. RAYMOS 07/15/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MERCURIO, TERESA Name: Name: 1031 A1A BEACH BLVD. Address: Address: City-St-Zip: ST. AUGUSTINE, FL 32080 City-St-Zip: Title: Title: ( ) Delete () Change () Addition PACETTI, CHARLES Name: Name: Address: P.O. BOX 618 Address: City-St-Zip: ST. AUGUSTINE, FL 32086 City-St-Zip: Title: () Delete Title: () Change () Addition MAYS, ROBERT Name: Name: Address: A1A SOUTH Address: City-St-Zip: ST. AUGUSTINE, FL 32080 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: ARRIOLA, IRENE Name: Address: 88 RIBERA ST. Address: City-St-Zip: ST AUGUSTINE, FL 32084 City-St-Zip: Title: ( ) Delete Title: () Change () Addition DELORENZO, ARNOLD Name: Name: 92 CHARLOTTE STREET Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: Title: () Delete Title: () Change () Addition BARNES, ROY Name: Name: Address: 2 VALENCIA ST Address: ST. AUGUSTINE, FL 32084 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VICTOR J. RAYMOS ΑE 07/15/2009