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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **751632** (1)

1. Corporation Name

ST. AUGUSTINE BEACH CIVIC ASSOCIATION, INC.

Principal Place of Business

**370 A1A BCH. BLVD.
ST. AUGUSTINE FL 32084
US**

Mailing Address

**370 A1A BCH. BLVD.
ST. AUGUSTINE FL 32084
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/20/1980

4. FEI Number

59-2574646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

**MCCARTHY, MARY
5 COQUINA BLVD
ST. AUGUSTINE FL 32086**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HUMPHRIES, GLADYS	
STREET ADDRESS	2 C STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCOTT, HUGH	
STREET ADDRESS	105 DOGWOOD DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	NORRIS, ELIZABETH	
STREET ADDRESS	13 OAK ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAHLE, MARY	
STREET ADDRESS	501 E STREET	
CITY-ST-ZIP	ST AUGUSTINE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, ROBERT	
STREET ADDRESS	402 C STREET	
CITY-ST-ZIP	ST. AUGUSTINE BCH. FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NOWLIN, ROBERT A.	
STREET ADDRESS	28 OCEAN PINES DRIVE	
CITY-ST-ZIP	ST AUGUSTINE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LAURENCELLE, PATRICIA	
1.3 STREET ADDRESS	23 Versaggi Drive	
1.4 CITY-ST-ZIP	St. Augustine Beach, FL 32084	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth Norris* **Elizabeth Norris**

Jan. 26, 1998 (904) 471-2499

CR2E037 (10/97)