


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90187 031 ****61.25

DOCUMENT # 751632		
1. Entity Name ST. AUGUSTINE BEACH CIVIC ASSOCIATION, INC.		

Principal Place of Business 2200 A1A BEACH ST AUGUSTINE, FL 32080 US	Mailing Address 2200 A1A BEACH ST AUGUSTINE, FL 32080 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01092006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2574646	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SAMUELS, ROBERT 110 MICKLER BLVD SAINT AUGUSTINE, FL 32080	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	SAMUELS, ROBERT
STREET ADDRESS	110 MICKLER BLVD
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	GILL, PATRICIA
STREET ADDRESS	218 B STREET
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	S <input type="checkbox"/> Delete
NAME	SAMUELS, ANDREA
STREET ADDRESS	110 MICKLER BLVD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	V <input type="checkbox"/> Delete
NAME	MITHERZ, STEVE
STREET ADDRESS	17 SEA OAKS DR.
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVANAGH, PETER
STREET ADDRESS	313 A STREET
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Samuels ROBERT SAMUELS 1/8/06 904-471-1686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #