

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760076 (0)

1. Corporation Name

ST. AUGUSTINE OCEAN & RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

880 A1A BEACH BOULEVARD
ST AUGUSTINE FL 32084
US

Mailing Address

880 A1A BCH. BLVD.
ST AUGUSTINE FL 32084-6772
US3. Date Incorporated or Qualified
09/17/19813a. Date of Last Report
08/12/19964. FEI Number
59-2389780Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

JACOBS, PHILIP
2085 STATE ROAD 3
SUITE 201
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

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 checked="" type="checkbox"/> DELETE
NAME	GAY, SAM	
STREET ADDRESS	525 LAKEWAY DRIVE	
CITY - ST - ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUKE, JAMES	
STREET ADDRESS	P.O. BOX 419 (NA)	
CITY - ST - ZIP	FOREST GROVE PA 18922	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GILLIAM, JIM	
STREET ADDRESS	880 A1A BEACH BLVD 4105	
CITY - ST - ZIP	ST. AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TABB, SYLVIA	
STREET ADDRESS	2502 DEXTER ROAD	
CITY - ST - ZIP	AUGUSTA GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	AUMANN, BILL	
STREET ADDRESS	2055 SOUTH FLORAL LAKES AVENUE LOT 301	
CITY - ST - ZIP	BARTOW FL 33830	
TITLE	P	<input type="checkbox"/> DELETE
NAME	COHEN, MARTY	
STREET ADDRESS	850 A1A #26	
CITY - ST - ZIP	ST. AUGUSTINE FL 32084	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALAN KLAU	
1.3 STREET ADDRESS	880 A1A BCH. BLVD. #3120	
1.4 CITY - ST - ZIP	ST. AUGUSTINE, FL 32084	
2.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RON WINSLETT	
2.3 STREET ADDRESS	880 A1A BCH. BLVD. #1102	
2.4 CITY - ST - ZIP	ST. AUGUSTINE, FL 32084	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JIM MCGUIRE	
3.3 STREET ADDRESS	880 A1A BCH. BLVD. 4105	
3.4 CITY - ST - ZIP	ST. AUGUSTINE, FL 32084	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CHARLES CARLSEN	
4.3 STREET ADDRESS	121 TIDWATER DR	
4.4 CITY - ST - ZIP	ST. AUGUSTINE, FL 32084	
5.1 TITLE	D/Resumen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BIERNIE LAODENHEIN	
5.3 STREET ADDRESS	880 A1A BCH. BLVD. #3164	
5.4 CITY - ST - ZIP	ST. AUGUSTINE, FL 32084	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RON STAY	
6.3 STREET ADDRESS	164 SPIVEY RIDGE CR	
6.4 CITY - ST - ZIP	JONESBORO, GA 30236	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0001284

CR2E037 (9/96)