


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90112 029 ****61.25

0001404

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 760076

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
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

09/17/1981

4. FEI Number

59-2389780

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

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 ☐ DELETE

**NAME SD
KLAU, ALAN
STREET ADDRESS 880 A1A BEACH BLVD. STE 3120
CITY-ST-ZIP ST AUGUSTINE FL 32084**

TITLE ☐ DELETE

**NAME PD
DUKE, JAMES
STREET ADDRESS P.O. BOX 419 (NA)
CITY-ST-ZIP FOREST GROVE PA 18922**

TITLE ☐ DELETE

**NAME VPD
WINSLETT, RON
STREET ADDRESS 880 A1A BCH BLVD. STE 1102
CITY-ST-ZIP ST AUGUSTINE FL 32084**

TITLE ☒ DELETE

**NAME TD
LADENHEIM, BERNIE
STREET ADDRESS 880 A1A BEACH BLVD, #3106
CITY-ST-ZIP ST AUGUSTINE FL 32084**

TITLE ☐ DELETE

**NAME D
AUMANN, BILL
STREET ADDRESS 2055 SOUTH FLORAL LAKES AVENUE LOT 301
CITY-ST-ZIP BARTOW FL 33830**

TITLE ☐ DELETE

**NAME D
CARLSEN, CHARLES
STREET ADDRESS 121 TIDEWATCH DRIVE
CITY-ST-ZIP ST. AUGUSTINE FL 32084**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**BURRIS, DAVID
2137 Breckinridge ST.
ATHENS, TN. 37303**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

RON WINSLETT, President

Date

Daytime Phone #

1-7-99 904710932

CR2E037 (1/98)