

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90064 016 \*\*\*\*61.25

**DOCUMENT # 760076**

1. Entity Name

**ST. AUGUSTINE OCEAN & RACQUET CLUB CONDOMINIUM A**

Principal Place of Business

**880 A1A BEACH BOULEVARD  
 ST AUGUSTINE FL 32084  
 US**

Mailing Address

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

**C0010636**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2389780**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**JACOBS, PHILIP  
 2085 A1A S.  
 SUITE 201  
 ST AUGUSTINE FL 32084**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LANDENAIEM, BERNARD	
STREET ADDRESS	880 A1A SO #3106	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	DSR	<input checked="" type="checkbox"/> Delete
NAME	DUKE, JAMES	
STREET ADDRESS	P.O. BOX 419 (NA)	
CITY-ST-ZIP	FOREST GROVE PA 18922	
TITLE	P	<input type="checkbox"/> Delete
NAME	WINSLETT, RON	
STREET ADDRESS	880 A1A BCH BLVD. STE 1102	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	DSR	<input type="checkbox"/> Delete
NAME	BURRIS, DAVID	
STREET ADDRESS	2137 BRECONRITY ST	
CITY-ST-ZIP	ATHENS TN	
TITLE	S	<input type="checkbox"/> Delete
NAME	TROLA, NANCY	
STREET ADDRESS	880 A1A SO #3121	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARLSEN, CHARLES	
STREET ADDRESS	121 TIDEWATCH DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, JOHN	
STREET ADDRESS	880 A1A BCH. BLVD., #3118	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINSEY, JOE	
STREET ADDRESS	15 AMERICAN LBY	
CITY-ST-ZIP	ASHVILLE, N.C. 28806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" 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 exemption stated in Section 119.07(3)(i), 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

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/01**

Date

**904-471-0832**

Daytime Phone #

CR2E037 (10/00)