

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90037 044 \*\*\*\*61.25

**DOCUMENT # 760076**

1. Entity 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**

34030001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2389780**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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 ☐ Delete  
NAME **D KELLY, JOHN**  
STREET ADDRESS **880 A1A BEACH BLVD #3118**  
CITY-ST-ZIP **ST AUGUSTINE, FL 32080**

TITLE ☐ Delete  
NAME **PD WINSEY, JOE**  
STREET ADDRESS **880 A1A BEACH BLVD #5316**  
CITY-ST-ZIP **ASHEVILLE, NC 28806**

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

TITLE ☒ Delete  
NAME **DSR BURRIS, DAVID**  
STREET ADDRESS **2137 BRECONRITY ST**  
CITY-ST-ZIP **ATHENS, TN**

TITLE ☐ Delete  
NAME **S TROLA, NANCY**  
STREET ADDRESS **880 A1A SO #3121**  
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32084**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **VD**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **M.L. Cassotta**  
STREET ADDRESS **880 A1A Beach Blvd 3308**  
CITY-ST-ZIP **St Augustine, FL 32080**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D Jackie Nelson**  
STREET ADDRESS **980 A1A Beach Blvd 2107**  
CITY-ST-ZIP **St Augustine FL 32080**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Treasury**

**3-15-04**

Date

**461-5556**

Daytime Phone #