

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90040 013 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2389780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/04)



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. 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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

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

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

TITLE **T** ☐ Delete
NAME **CASSOTLA, M.L.**
STREET ADDRESS **880 A1A BEACH BLVD., 3308**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32080**

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

TITLE **D** ☒ Delete
NAME **NELSON, JACKIE**
STREET ADDRESS **880 A1A BEACH BLVD., 2107**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32080**

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 **D** ☐ Change ☒ Addition
NAME **Don Welch**
STREET ADDRESS **880 A1A Beach Blvd.**
CITY-ST-ZIP **St Augustine FL 32080**

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

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

TITLE **D** ☐ Change ☐ Addition
NAME **Jack Sawinski**
STREET ADDRESS **24 Baltusora**
CITY-ST-ZIP **Jackson, N.J. 09627**

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:

M.L. Cassotta, M.L. CASSOTTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05 471-6818

Date Daytime Phone #