2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000000084

1. Entity Name
ROYAL ST. AUGUSTINE PARCEL OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
200 BUSINESS PARK CIRCLE SUITE 101 SAINT AUGUSTINE, FL 32095-8887 US	200 BUSINESS PARK CIRCLE SUITE 101 SAINT AUGUSTINE, FL 32095-8887 US

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02112004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3631443
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, PATRICK T
200 BUSINESS PARK CIR.
SUITE 101
SAINT AUGUSTINE, FL 32095

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000111005
04/12/04-80106-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MURPHY, PATRICK T
STREET ADDRESS	200 BUSINESS PARK CIR., STE 101
CITY-ST-ZIP	SAINT AUGUSTINE, FL 320958887
TITLE	VSD
NAME	MONTGOMERY, MITCHELL R
STREET ADDRESS	9440 PHILIPS HWY STE 9
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	VTD
NAME	MURPHY, MICHAEL A
STREET ADDRESS	200 BUSINESS PARK CIR., STE 101
CITY-ST-ZIP	SAINT AUGUSTINE, FL 320958887
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #