2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90129 034 ****61.25

DOCUMENT # N01000000846

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

94084135

04192004 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
6028 CHESER AVE. #202 JACKSONVILLE, FL 32217	6028 CHESER AVE. #202 JACKSONVILLE, FL 32217

2. Principal Place of Business	3. Mailing Address
1633 E. Vine St	1633 E. Vine St.
Suite, Apt. #, etc.: Ste 110	Suite, Apt. #, etc.: Ste 110
City & State: Kissimmee, FL	City & State: Kissimmee, FL
Zip: 34744 Country: USA	Zip: 34744 Country: USA

4. FEI Number 59-3697135 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PENN, PATRIC R
6028 CHESER AVE.
#202
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent

Name: LELand Management
Street Address (P.O. Box Number is Not Acceptable): 1633 E. Vine St. Ste 110
City: Kissimmee FL Zip Code: 34744

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: Rebecca Furlow
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MONTGOMERY, MITCHELL R 6028 CHESER AVE. JACKSONVILLE, FL 32217	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Dennis Baker 817 Brampton Ln St. Augustine, FL, 32084	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LIENWOHL, RONNIE 6028 CHESER AVE. JACKSONVILLE, FL 32217	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT Richard Jacobs 1760 Keswick Rd St Augustine, FL 32084	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTS HITE, PATSY 6028 CHESER AVE. JACKSONVILLE, FL 32217	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Jack Hunton 788 Blackmoor Gate Ln St. Augustine, FL 32084	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4/28/04 904-829-1038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #