

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000846

FILED
Apr 29, 2005
Secretary of State

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

Current Principal Place of Business:

1633 E. VINE ST
STE 110
KISSIMMEE, FL 34744 US

New Principal Place of Business:

8009 S ORANGE AVENUE
ORLANDO, FL 32809 US

Current Mailing Address:

C/O LELAND MANAGEMENT
8009 S ORANGE AVE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 59-3697135 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
1633 E. VINE ST
STE 110
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
8009 S ORANGE AVENUE
ORLANDO, FL 32809 US

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: _____

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BAKER, DENNIS
Address: 817 BRAMPTON LN
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DVT () Delete
Name: JACOBS, RICHARD
Address: 1760 KESWICK RD
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DS () Delete
Name: HUTTON, JACK
Address: 788 BRACKMOOR GATE LN
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: VANDEBERG, JAMES
Address: 1052 OXFORD DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS BAKER

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date