## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000000846

FILED Mar 24, 2006 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

8009 S ORANGE AVENUE ORLANDO, FL 32809

**Current Mailing Address: New Mailing Address:** 

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LELAND MANAGEMENT 8009 S ORANGE AVENUE ORLANDO, FL 32809

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:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition

() Delete BAKER, DENNIS BAKER, DENNIS Name: Name: 817 BRAMPTON LN Address: 817 BRAMPTON LN Address:

City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DVT () Delete Title: VPTD (X) Change ( ) Addition Name: JACOBS, RICHARD Name: JACOBS, RICHARD

Address: 1760 KESWICK RD Address: 1760 KESWICK RD City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: () Delete Title: SD (X) Change ( ) Addition

VANDEBERG, JAMES MCGINTY, ROBERT Name: Name: Address: 1052 OXFORD DRIVE Address: 975 OXFORD DRIVE City-St-Zip: SAINT AUGUSTINE, FL 32084 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 Chapter 119, 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 PD 03/24/2006