

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000846

FILED
Apr 24, 2009
Secretary of State

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

Current Principal Place of Business:

79 MASTERS DRIVE
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

79 MASTERS DRIVE
SAINT AUGUSTINE, FL 32084 US

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:

THE NEIGHBORHOOD MANAGERS, INC
79 MASTERS DRIVE
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MERCHANT, JAMES
Address: 909 OXFORD DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

Title: VP () Delete
Name: SAVOIE, BERNARD
Address: 1318 KINSINGTON COURT
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MERCHANT, JAMES
Address: 909 OXFORD DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: PD (X) Change () Addition
Name: JACOBS, RICHARD
Address: 1760 KESWICK RD
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: STD (X) Change () Addition
Name: SAVOIE, BERNARD
Address: 1318 KINSINGTON COURT
City-St-Zip: SAINT AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD JACOBS

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date