

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005118

FILED  
Feb 22, 2011  
Secretary of State

**Entity Name:** ANASTASIA DUNES ASSOCIATION, INC.

**Current Principal Place of Business:**

461 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

461 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 59-3743795

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JACOBS, PHILIP H  
461 A1A BEACH BLVD.  
ST.AUGUSTINE, FL 32080 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: TD  
Name: PALMER, MICHAEL  
Address: 119 SOUTHWIND CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D  
Name: ELLEN AVERY, SMITH  
Address: 415 OCEAN FOREST DR.  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: DP  
Name: LANG, DAN  
Address: 453 OCEAN FOREST DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: DS  
Name: PLATTS, COLETTE  
Address: 300 OCEAN FOREST DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: DVP  
Name: VAUGHTERS, HOWARD  
Address: 422 OCEAN FOREST DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D  
Name: SEARLE, LORRAINE  
Address: 492 OCEAN FOREST DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: PHILIP H. JACOBS

RA

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date