

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003779

FILED
Mar 31, 2009
Secretary of State

Entity Name: ST. AUGUSTINE CENTRE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

951 MARKET PROMENADE AVE.
STE. 2105
HEATHROW, FL 32746

New Principal Place of Business:

1431 ORANGE CAMP ROAD
SUITE 116
DELAND, FL 32724

Current Mailing Address:

951 MARKET PROMENADE AVE.
STE. 2105
HEATHROW, FL 32746

New Mailing Address:

P.O. BOX 953544
LAKE MARY, FL 327953544 US

FEI Number: 59-3520989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRYCON, INC.
951 MARKET PROMENADE AVE.
STE. 2105
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

TRYCON, INC.
1431 ORANGE CAMP ROAD
SUITE 116
DELAND, FL 32724 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: SPENCER PHELPS

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CANNON, FRANK
Address: 951 MARKET PROMENADE AVE, STE. 2105
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: PHELPS, SPENCER
Address: 951 MARKET PROMENADE AVE., STE. 2105
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CANNON, FRANK
Address: 1431 ORANGE CAMP ROAD, SUITE 116
City-St-Zip: DELAND, FL 32724 US

Title: D (X) Change () Addition
Name: PHELPS, SPENCER
Address: 1431 ORANGE CAMP ROAD, SUITE 116
City-St-Zip: DELAND, FL 32724 US

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: SPENCER PHELPS

D

03/31/2009

Electronic Signature of Signing Officer or Director

Date