AMENDED

FILE NOW: FILING FEE IS $61.25

FILED
Jun 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761963 (8)

1. Corporation Name

THE TOWNHOUSES AT ST. AUGUSTINE BEACH AND TENNIS RESORT ASSOCIATION, INC.

Amend [redacted]

Principal Place of Business	Mailing Address
3960 A1A SOUTH ST AUGUSTINE BCH. FL 32084	3960 A1A SOUTH ST AUGUSTINE BCH. FL 32084

3. Date Incorporated or Qualified: 02/15/1982

4. FEI Number: 59-2231444 — ☐ Applied F ☐ Not Appli

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — Country — 30

5. Certificate of Status Desired ☐ — **$8.75** Additior Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMON, BERT C.
DUPONT CENTER, STE 203
1660 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regis office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registe agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and Title if applicable (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, ETC.		
TITLE	D	☐ DELETE	1.1 TITLE	HARRY BURAS	☐ Change ☒ A
NAME	QUARTO, DONITA		1.2 NAME	8285 NW 47th Street	x Delete
STREET ADDRESS	50025 SILO ROAD		1.3 STREET ADDRESS	OCALA, FL 34482	
CITY-ST-ZIP	ST AUGUSTINE FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE	Pres/Sec/Dir	☒ Change ☐ A
NAME	ALLIGOOD, GARY L		2.2 NAME	Alligood, Gary L.	
STREET ADDRESS	3960 A1A SOUTH		2.3 STREET ADDRESS	3960 A1A South	
CITY-ST-ZIP	ST AUGUSTINE FL		2.4 CITY-ST-ZIP	St. Augustine, FL	
TITLE	D	☒ DELETE	3.1 TITLE	VP/Tre/Dir	☒ Change ☐ A
NAME	MAURIN, MARGARET		3.2 NAME	Quarto, Donita	
STREET ADDRESS	POST OFFICE BOX 235 N/A		3.3 STREET ADDRESS	5025 Silo Road	
CITY-ST-ZIP	CONCORD GA		3.4 CITY-ST-ZIP	St. Augustine, FL	
TITLE		☐ DELETE	4.1 TITLE	Dir	☐ Change ☒ Add
NAME			4.2 NAME	Otis, Raymond	
STREET ADDRESS			4.3 STREET ADDRESS	P. O. Box 860247 N/A	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	St. Augustine, FL	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ A
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	[illegible]	☐ Change ☐ A
NAME			6.2 NAME	-06/22/98-01003-015	
STREET ADDRESS			6.3 STREET ADDRESS	**61.25	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

AE 6.19

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the inform indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am 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 i Block 12 or Block 13 if changed, or on an attachment with an address.