

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N96000002309

1. Entity Name
US 1 AND ST. AUGUSTINE ROAD ASSOCIATION, INC.



Principal Place of Business
12950 RACETRACK RD - 201
SUITE 201
TAMPA, FL 33626 US

Mailing Address
12950 RACETRACK RD - 201
SUITE 201
TAMPA, FL 33626 US

FILED
Apr 11, 2008 08:00 AM
Secretary of State



03102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3463462

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WALSH, PATRICK J
12950 RACETRACK RD - 201
SUITE 201
TAMPA, FL 33626

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000892163
04/23/08-80054-016 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SERRABELLA, JAMES A
STREET ADDRESS 12950 RACETRACK RD - 201
CITY-ST-ZIP TAMPA, FL 33626

TITLE VD
NAME WALSH, PATRICK J
STREET ADDRESS 12950 RACETRACK RD - 201
CITY-ST-ZIP TAMPA, FL 33626

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/08 727-422-1011