

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 713873

**Entity Name:** ST. AUGUSTINE & ST. JOHNS COUNTY BOARD OF REALTORS, INC.

**Current Principal Place of Business:**

1789 LAKESIDE AVE  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

1789 LAKESIDE AVE  
ST. AUGUSTINE, FL 32084

**FEI Number:** 59-2024315

**Certificate of Status Desired:** No

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

RAYMOS, VICTOR J  
1789 LAKESIDE AVE  
ST AUGUSTINE, FL 32084 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BYRD, KENNETH  
Address 1789 LAKESIDE AVE  
City-State-Zip: ST. AUGUSTINE FL 32084

Title T  
Name FRASER, DANIELLE  
Address 1789 LAKESIDE AVE  
City-State-Zip: ST. AUGUSTINE FL 32084

Title S  
Name ALMSTEAD, JULIA  
Address 1789 LAKESIDE AVE  
City-State-Zip: ST. AUGUSTINE FL 32084

Title PRESIDENT ELECT  
Name LANG, DANIEL  
Address 1789 LAKESIDE AVE  
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR, EX-OFFICIO,  
ASSOCIATION EXECUTIVE/CEO  
Name RAYMOS, VICTOR J  
Address 1789 LAKESIDE AVE  
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR, EX-OFFICIO  
Name MERCURIO, TERESA  
Address 1789 LAKESIDE AVE  
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR, PAST PRESIDENT  
Name LADRIDO, STEVE  
Address 1789 LAKESIDE AVE  
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR  
Name GLOCHAU, TRACY  
Address 1789 LAKESIDE AVE  
City-State-Zip: ST. AUGUSTINE FL 32084

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*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: VICTOR J RAYMOS**

**CEO**

**04/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DEAN, MELANIE  
Address 1789 LAKESIDE AVE  
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR  
Name MAGUIRE, ROBERT  
Address 1789 LAKESIDE AVE  
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR  
Name WALT, STEVE  
Address 1789 LAKESIDE AVE  
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR  
Name O'NEILL, SHAWN  
Address 1789 LAKESIDE AVE  
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR  
Name BIRCHALL, ANDREW  
Address 1789 LAKESIDE AVE  
City-State-Zip: ST. AUGUSTINE FL 32084