

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713873

Entity Name: ST. AUGUSTINE & ST. JOHNS COUNTY BOARD OF REALTORS, INC.**FILED**
Jan 26, 2016
Secretary of State
CC9909347852**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	DELORENZO, MICHAEL
Address	1789 LAKESIDE AVENUE
City-State-Zip:	ST. AUGUSTINE FL 32084

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

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

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

Title	VP
Name	PITTMAN, DIANNE
Address	1789 LAKESIDE AVE
City-State-Zip:	ST. AUGUSTINE FL 32084

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

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**ASSOCIATION
EXECUTIVE/CEO****01/26/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date