#### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751632

Entity Name: ST. AUGUSTINE BEACH CIVIC ASSOCIATION, INC.

### Current Principal Place of Business:

368 A1A BEACH BLVD. ST AUGUSTINE, FL 32080

### **Current Mailing Address:**

P.O. BOX 840127 ST AUGUSTINE, FL 32080 US

## FEI Number: 59-2574646

### Name and Address of Current Registered Agent:

SAMUELS, ROBERT 110 MICKLER BLVD SAINT AUGUSTINE, FL 32080 US

## Certificate of Status Desired: No

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

### **Officer/Director Detail :**

Title	TREASURER	Title	PRESIDENT
Name	SAMUELS, ROBERT	Name	JONES, WILLIAM
Address	P.O. BOX 840127	Address	P.O. BOX 840127
City-State-Zip:	ST AUGUSTINE FL 32080	City-State-Zip:	ST AUGUSTINE FL 32080
Title	TRUSTEE	Title	TRUSTEE
Name	WARD, FRANK	Name	LILLY, MARK
Address	P.O. BOX 840127	Address	P.O. BOX 840127
City-State-Zip:	ST AUGUSTINE FL 32080	City-State-Zip:	ST AUGUSTINE FL 32080
Title	SECRETARY	Title	DIRECTOR
Title Name	SECRETARY LONGSTREET, HESTER	Title Name	DIRECTOR GALLIK, RICHARD
Name	LONGSTREET, HESTER P.O. BOX 840127	Name	GALLIK, RICHARD P.O. BOX 840127
Name Address	LONGSTREET, HESTER P.O. BOX 840127	Name Address	GALLIK, RICHARD P.O. BOX 840127
Name Address City-State-Zip:	LONGSTREET, HESTER P.O. BOX 840127 ST AUGUSTINE FL 32080 EXECUTIVE VICE PRESIDENT	Name Address City-State-Zip:	GALLIK, RICHARD P.O. BOX 840127 ST AUGUSTINE FL 32080
Name Address City-State-Zip: Title	LONGSTREET, HESTER P.O. BOX 840127 ST AUGUSTINE FL 32080	Name Address City-State-Zip: Title	GALLIK, RICHARD P.O. BOX 840127 ST AUGUSTINE FL 32080 VP
Name Address City-State-Zip: Title Name	LONGSTREET, HESTER P.O. BOX 840127 ST AUGUSTINE FL 32080 EXECUTIVE VICE PRESIDENT LONGSTREET, MICHAEL P.O. BOX 840127	Name Address City-State-Zip: Title Name	GALLIK, RICHARD P.O. BOX 840127 ST AUGUSTINE FL 32080 VP PRITCHETT, EDWARD PO BOX 840127

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: WILLIAM JONES

PRESIDENT

01/23/2020

Date

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Jan 23, 2020 Secretary of State 9206291821CC