

2021 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**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAMUELS, ROBERT
110 MICKLER BLVD
SAINT AUGUSTINE, FL 32080 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 TREASURER
Name SAMUELS, ROBERT
Address P.O. BOX 840127
City-State-Zip: ST AUGUSTINE FL 32080

Title TRUSTEE
Name WARD, FRANK
Address P.O. BOX 840127
City-State-Zip: ST AUGUSTINE FL 32080

Title SECRETARY
Name LONGSTREET, HESTER
Address P.O. BOX 840127
City-State-Zip: ST AUGUSTINE FL 32080

Title EXECUTIVE VICE PRESIDENT
Name LONGSTREET, MICHAEL
Address P.O. BOX 840127
City-State-Zip: ST AUGUSTINE FL 32080

Title PRESIDENT
Name JONES, WILLIAM
Address P.O. BOX 840127
City-State-Zip: ST AUGUSTINE FL 32080

Title TRUSTEE
Name LILLY, MARK
Address P.O. BOX 840127
City-State-Zip: ST AUGUSTINE FL 32080

Title VP
Name GALLIK, RICHARD
Address P.O. BOX 840127
City-State-Zip: ST AUGUSTINE FL 32080

Title VP
Name PRITCHETT, EDWARD
Address PO BOX 840127
City-State-Zip: ST AUGUSTINE FL 32080

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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: WILLIAM JONES**PRESIDENT****03/22/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LILLY, KERRY
Address	P.O. BOX 840127
City-State-Zip:	ST AUGUSTINE FL 32080