

2014 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:** Yes**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	OTHER
Name	SAMUELS, ROBERT
Address	110 MICKLER BLVD
City-State-Zip:	ST AUGUSTINE FL 32080

Title	PRESIDENT
Name	JONES, BILL
Address	128 CEDAR RIDGE CIRCLE
City-State-Zip:	ST AUGUSTINE FL 32080

Title	T
Name	WARD, FRANK
Address	1152 OVERDALE DR
City-State-Zip:	ST AUGUSTINE FL 32080

Title	DIRECTOR
Name	LONGSTREET, MIKE
Address	11 13TH ST.
City-State-Zip:	ST AUGUSTINE FL 32080

Title	DIRECTOR
Name	MELE, MIKE
Address	122 MICKLER BLVD
City-State-Zip:	ST AUGUSTINE FL 32080

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

Title	DIRECTOR
Name	DARIOS, PETER
Address	5435 5TH ST
City-State-Zip:	ST AUGUSTINE FL 32080

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: BILL JONES**PRESIDENT****02/05/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date