

**2013 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 P  
Name SAMUELS, ROBERT  
Address 110 MICKLER BLVD  
City-State-Zip: ST AUGUSTINE FL 32080

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

Title V  
Name MARZIANI, NICK  
Address 120 MAKARIOS DR  
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 D  
Name MELE, MIKE  
Address 122 MICKLER BLVD  
City-State-Zip: ST AUGUSTINE FL 32080

Title SECRETARY  
Name PETERS, MARSHALL  
Address 2 COQUINA BLVD  
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: ROBERT SAMUELS**

**PRESIDENT**

**01/18/2013**

Electronic Signature of Signing Officer/Director Detail

Date