

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760076

Entity Name: ST. AUGUSTINE OCEAN & RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 07, 2014
Secretary of State
CC4832832686**Current Principal Place of Business:**880 A1A BEACH BOULEVARD
ST. AUGUSTINE, FL 32080**Current Mailing Address:**C/O SOVEREIGN & JACOBS PROPERTY MANAGEMENT
461 A1A BEACH BLVD
ST. AUGUSTINE, FL 32080 US**FEI Number: 59-2389780****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LUMPKIN, ELLEN
461 A1A BEACH 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	D
Name	WELSH, DONALD
Address	C/O SOVEREIGN & JACOBS 461 A1A BEACH BLVD
City-State-Zip:	ST AUGUSTINE FL 32080

Title	P
Name	ROBERT, JONES
Address	C/O SOVEREIGN & JACOBS 461 A1A BEACH BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	T
Name	KUHN, CAROL
Address	C/O SOVEREIGN & JACOBS 461 A1A BEACH BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	D
Name	DAVIS, DONALD
Address	C/O SOVEREIGN & JACOBS 461 A1A BEACH BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	D
Name	DUDDY, WILLIAM
Address	C/O SOVEREIGN & JACOBS 461 A1A BEACH BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	CO-VP
Name	WITTEICH, YVONNE
Address	C/O SOVEREIGN & JACOBS 461 A1A BEACH BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	SECRETARY
Name	JAAP, CALUM
Address	C/O SOVEREIGN & JACOBS 461 A1A BEACH BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	D
Name	SHELLY, BARBARA
Address	C/O SOVEREIGN & JACOBS 461 A1A BEACH BLVD.
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: ROBERT JONES**P****01/07/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	CO-VP
Name	MACALUSO, JIM
Address	C/O SOVEREIGN & JACOBS 461 A1A BEACH BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32080