

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760076

Entity Name: ST. AUGUSTINE OCEAN & RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 05, 2015
Secretary of State
CC9613861770**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	COOK, DAVID
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	VP
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	SECRETARY
Name	WITTEICH, YVONNE
Address	C/O SOVEREIGN & JACOBS 461 A1A BEACH BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32080

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

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

Continues on page 2

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**PRESIDENT****01/05/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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