

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760076

Entity Name: ST. AUGUSTINE OCEAN & RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 25, 2016
Secretary of State
CC0267936563**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 JONES, ROBERT
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 DIRECTOR
Name WITTREICH, 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

Title DIRECTOR
Name MACALUSO, JIM
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**PRESIDENT****01/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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