

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005301

**Entity Name:** CORONA DEL MAR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

33 COMARES AVE.  
ST AUGUSTINE, FL 32080

**Current Mailing Address:**

303-B ANASTASIA BLVD #161  
ST AUGUSTINE, FL 32080

**FEI Number: 59-3673006**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ST AUGUSTINE VACATION RENTALS  
303-B ANASTASIA BLVD., #161  
ST 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            PRES  
Name            MURPHREE, CLYDE  
Address        33 COMARES AVE #301  
City-State-Zip: ST AUGUSTINE FL 32080

Title            D  
Name            KING, NEIL  
Address        303-B ANASTASIA BLVD #127  
City-State-Zip: ST AUGUSTINE FL 32080

Title            VP  
Name            GADDIS, JILL  
Address        4170 STACEY ROAD  
City-State-Zip: JACKSONVILLE FL 32250

Title            D  
Name            CLARK, DOUGLAS  
Address        33 COMARS AVENUE, UNIT 305  
City-State-Zip: SAINT 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: CLYDE MURPHREE**

**PRESIDENT**

**02/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date