2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2011
Secretary of State

DOCUMENT# 311121

Entity Name: ST AUGUSTINE & ST JOHNS COUNTY MULTIPLE LISTING SERVICE, INC.

Current Principal Place of Business:

1789 LAKESIDE AVENUE
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

1789 LAKESIDE AVENUE
SAINT AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-1155676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAYMOS, VICTOR J
1789 LAKESIDE AVENUE
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: BIRCHALL, ANDREW
Address: 1789 LAKESIDE AVENUE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: PE
Name: SCHROEDER, DIRK
Address: 1789 LAKESIDE AVENUE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: T
Name: WEST, ROBERT
Address: 1789 LAKESIDE AVENUE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: S
Name: DELANEY, KATHERINE
Address: 1789 LAKESIDE AVENUE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D
Name: BARRY, RON
Address: 1789 LAKESIDE AVENUE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D
Name: EDMONSON, IAN
Address: 1789 LAKESIDE AVENUE
City-St-Zip: SAINT AUGUSTINE, FL 32084

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VICTOR J. RAYMOS AE 01/03/2011

Electronic Signature of Signing Officer or Director — Date