

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720457** (1)
1. Corporation Name
ST. AUGUSTINE SHORES SERVICE CORPORATION, INC.



Principal Place of Business 790 CHRISTINA DR ST AUGUSTINE FL 32086	Mailing Address 790 CHRISTINA DR. ST AUGUSTINE FL 32086
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3. Date Incorporated or Qualified 03/10/1971	
4. FEI Number 59-1385598	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**JOCKERS, RONALD F
2208 TWIN FOX TRAIL
ST. AUGUSTINE FL 32086**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	SCOTT, WESLEY R.
STREET ADDRESS	758 MEDINA AVE
CITY-ST-ZIP	ST AUGUSTINE FL
TITLE	S
NAME	BISCOFF, HOWARD
STREET ADDRESS	89 CATALINA CIRCLE
CITY-ST-ZIP	ST AUGUSTINE FL
TITLE	TD
NAME	HOFMANN, RAYMOND F
STREET ADDRESS	24 SANTIAGO CT
CITY-ST-ZIP	ST AUGUSTINE FL
TITLE	D
NAME	HANKERSON, CLARENCE
STREET ADDRESS	1040 GRECO ROAD
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	PD
NAME	MICHALOWSKI, JOHN
STREET ADDRESS	599 W. BIANCA CIR.
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	D
NAME	VAN PELT, WILLIS
STREET ADDRESS	669 BAHIA COURT
CITY-ST-ZIP	ST. AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P
1.2 NAME	Raymond Hill Hill, Raymond
1.3 STREET ADDRESS	726 Saco Court
1.4 CITY-ST-ZIP	St. Augustine, FL 32086
2.1 TITLE	VP
2.2 NAME	Van Pelt, Willis
2.3 STREET ADDRESS	669 Bahia Court
2.4 CITY-ST-ZIP	St. Augustine, FL 32086
3.1 TITLE	S
3.2 NAME	Watson, Joseph
3.3 STREET ADDRESS	209 Deltona Blvd.
3.4 CITY-ST-ZIP	St. Augustine, FL 32086
4.1 TITLE	D
4.2 NAME	Tarrant, Robert
4.3 STREET ADDRESS	1093 A1A Beach Blvd. Suite 394
4.4 CITY-ST-ZIP	St. Augustine, FL 32084
5.1 TITLE	T
5.2 NAME	Kurtz, Dutch
5.3 STREET ADDRESS	520 Domenico Circle
5.4 CITY-ST-ZIP	St. Augustine, FL 32086
6.1 TITLE	D
6.2 NAME	Bischoff, Howard
6.3 STREET ADDRESS	89 Catalina Circle
6.4 CITY-ST-ZIP	St. Augustine, FL 32086

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: *Raymond Hill* RE (RAYMOND HILL) 1/20/98 904-797-6441

CR2E037 (10/97)