


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90296 002 \*\*\*\*61.25

<b>DOCUMENT # 720457</b> 1. Entity Name <b>ST. AUGUSTINE SHORES SERVICE CORPORATION</b>					
Principal Place of Business <b>790 CHRISTINA DR. ST AUGUSTINE, FL 32086</b>			Mailing Address <b>790 CHRISTINA DR. ST AUGUSTINE, FL 32086</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1385598</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SMITH, JOSEPH H III 790 CHRISTINA DR. ST. AUGUSTINE, FL 32086</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MEDEIROS, ROBERT E 690 POLO CT ST AUGUSTINE, FL 32086</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P Keith, Mark D. 237 Cacique Dr. St. Augustine, FL 32086</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P YERVES, KATHY 670 POLO COURT ST AUGUSTINE, FL 32086</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V Yerves, John 670 Polo Ct St. Augustine, FL 32086</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T RUBOVSKY, VICTOR 512 BIO COURT SAINT AUGUSTINE, FL 32086</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S Gringer, Klaus 964 Manati Ave. St. Augustine, FL 32086</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP MORGEN, ROBERT 703 ALEIDA DR SAINT AUGUSTINE, FL 32086</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Zuaro, Michael 623 East Bianca Cir St. Augustine, FL 32086</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D TARRANT, ROBERT 916 ALCAL DRIVE ST. AUGUSTINE, FL 32086</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Racicot, Beatrice 652 Christina Dr. St. Augustine, FL 32086</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Baker, Allan 920 San Remo Rd St. Augustine, FL 32086</b>	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>Victor Rubovsky</u> Victor Rubovsky, Treasurer (904)797-9991</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					