2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State 04-18-2005 90296 002 ****61.25

DOCUMENT # 720457 1. Enlity Name ST. AUGUSTINE SHORES SERVICE CORPORATION				04-18-2005	5 90296 002 ****	61.25
Principal Place of Business 790 CHRISTINA DR. ST AUGUSTINE, FL 32086 Mailing Address 790 CHRISTINA DR. ST AUGUSTINE, FL 32086						
Principal Place of Business						
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Suite, Ap1. #, etc.	ite, Apt. #, etc.		04082005	Chg-NP	CR2E037 (10/03)	
City & State C	ty & State		4. FEI Number 59-138) 	pplied For ot Applicable
Zip Country 2	Zip	Country	5. Certificate	of Status Desired	\$8.75 Ad	ditional
6. Name and Address of Current Registe	red Agent		7. Name and	Address of New F		
SMITH, JOSEPH H III						
790 CHRISTINA DR. ST. AUGUSTINE, FL 32086			reet Address (P.O. Box Number is Not Acceptable)			
		City			Zip Coo	de
The above named entity submits this statement for the purpose of changing its register.		nistered office or	FL			
the obligations of registered agent. SIGNATURE Stonature, typed or printed name of registered agent and title If a	applicable (NOTE: R	Registered Agent signate	ure required when reinstating)		DATE	
		Election Campaign Financing Trust Fund Contribution.		, ,	Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTOR						
		11.		ANGES TO OFFICE	RS AND DIRECTORS II	
TITLE D	XX Delete	TITLE	P			N 10 XX Addition
			P Keith. Ma	rk D.		
IITLE D NAME MEDEIROS, ROBERT E		TITLE NAME	P	rk D. ue Dr.	☐ Change	
NAME MEDEIROS, ROBERT E STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE, FL 32086 RRE P		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P Keith, Ma 237 Caciq St. Augus V	rk D. ue Dr. tine, FL	□ Change . 32086	
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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 path; that I am an officer or director of the corporation or the receiver or trustee ampowered 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.

SIGNATURE: .

WKUDMM Victor Rubovsky, Treasurer (904)797-9991
SIGNATURE AND TYPED OR PRINTED NAMEJOF SIGNING OFFICER OR DIRECTOR

Daylorg Proce #