2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# 727221

Entity Name: ST. AUGUSTINE SHORES CIVIC ASSOCIATION, INC

Current Principal Place of Business:

790 CRISTINA BLVD
ST. AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 861042
ST. AUGUSTINE, FL 320861042 US

New Mailing Address:

FEI Number: 59-1735713 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIGGINS, BARRIE
902 SAN REMO ROAD
ST. AUGUSTINE, FL 32086 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: PD ( ) Delete
Name: HIGGINS, BARRIE
Address: 902 SAN REMO ROAD
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: SD ( ) Delete
Name: SCHROEDER, DIRK
Address: 831 RITA CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: TD ( ) Delete
Name: PRICENOR, RON
Address: 639 ALEIDA DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D ( ) Delete
Name: MCCANN, EVELYN
Address: 1067 ESPINADO AVE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VD ( ) Delete
Name: WALTON, DELILAH
Address: 864 ALCALA DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D (X) Delete
Name: MURPHY, CLARKE
Address: 150 MARINER ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: SCOPINICH, JOAN
Address: 972 ALCALA DR.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WALTON, DELILAH
Address: 864 ALCALA DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D (X) Change ( ) Addition
Name: MURPHY, CLARKE
Address: 150 MARINER ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BARRIE HIGGINS PRES 04/30/2004

Electronic Signature of Signing Officer or Director — Date