

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 07, 2003 8:00 am**  
**Secretary of State**

07-07-2003 90311 043 \*\*\*\*61.25

**DOCUMENT # 727221**

1. Entity Name

**ST. AUGUSTINE SHORES CIVIC ASSOCIATION, INC**



Principal Place of Business

**790 CRISTINA BLVD  
ST. AUGUSTINE FL 32086  
US**

Mailing Address

**PO BOX 861042  
ST. AUGUSTINE FL 32086-1042  
US**

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 **59-1735713**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MCCLEOD, DOUGLAS H  
1048 ESPINADO AVE  
ST. AUGUSTINE FL 32086**

7. Name and Address of New Registered Agent

Name **BARRIE HIGGINS**

Street Address (P.O. Box Number is Not Acceptable)

**902 SAN REMO Rd**

City **St. Augustine**

**FL**

Zip Code

**32086**

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

*Barrie Higgins*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **MCLEOD, DOUG**  
STREET ADDRESS **1048 ESPINADO AVE**  
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE **PD** ☐ Change ☒ Addition  
NAME **BARRIE HIGGINS**  
STREET ADDRESS **902 SAN REMO Rd**  
CITY-ST-ZIP **St. AUGUSTINE FL 32086**

TITLE **SD** ☒ Delete  
NAME **PRICE, CHRISTINE**  
STREET ADDRESS **426 GRACIELA CIR**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE **SD** ☐ Change ☒ Addition  
NAME **DIRK SCHROEDER**  
STREET ADDRESS **831 RITA CIRCLE**  
CITY-ST-ZIP **St. AUGUSTINE, FL 32086**

TITLE **TD** ☐ Delete  
NAME **PRICENOR, RON**  
STREET ADDRESS **639 ALEIDA DR**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MCCANN, EVELYN**  
STREET ADDRESS **1067 ESPINADO AVE**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☒ Delete  
NAME **GREXA, CATHERINE**  
STREET ADDRESS **548 DOMENICO CIRCLE**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE **VD** ☐ Change ☒ Addition  
NAME **DELILAH WALTON**  
STREET ADDRESS **864 ALCALA DRIVE**  
CITY-ST-ZIP **St. AUGUSTINE, FL 32086**

TITLE **D** ☐ Delete  
NAME **CLARKE MURPHY**  
STREET ADDRESS **150 MARINER Rd**  
CITY-ST-ZIP **St. AUGUSTINE, FL 32086**

TITLE **D** ☐ Change ☒ Addition  
NAME **CLARKE MURPHY**  
STREET ADDRESS **150 MARINER Rd.**  
CITY-ST-ZIP **St. AUGUSTINE FL 32086**

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.

SIGNATURE:

*Barrie Higgins*

**July 2, 2003 794-1599**

CR2E037 (10/02)