

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732685

FILED
Apr 15, 2008
Secretary of State

Entity Name: THE WEST AUGUSTINE IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

455 SOUTH VOLUSIA
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

455 SOUTH VOLUSIA
SAINT AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 52-1316608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOPER, WILLIE L
455 SOUTH VOLUSIA STREET
SAINT AUGUSTINE, FL 32084 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: T () Delete
Name: WISE, LULA M
Address: 820 W. 3RD. STREET
City-St-Zip: ST AUGUSTINE, FL 32084 US

Title: S () Delete
Name: GILLIAM, STEPHANIE T
Address: 241 DUVAL STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: P () Delete
Name: COOPER, WILLIE L
Address: 455 S. VOLUSIA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: VP () Delete
Name: JACKSON, THOMAS
Address: PO BOX 588
City-St-Zip: SAINT AUGUSTINE, FL 32085 US

Title: D () Delete
Name: LYONS, JOHN
Address: PO BOX 1791
City-St-Zip: SAINT AUGUSTINE, FL 32085 US

Title: D () Delete
Name: MURRAY, LINDA
Address: 874 W. 6TH ST
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIE L. COOPER

P

04/15/2008

Electronic Signature of Signing Officer or Director

Date