

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761963

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** THE TOWNHOUSES AT ST. AUGUSTINE BEACH AND TENNISRESORT ASSOCIATION, INC.

**Current Principal Place of Business:**

3960 A1A SOUTH  
ST AUGUSTINE BEACH, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

3942 A1A SOUTH  
ST AUGUSTINE BEACH, FL 32080

**New Mailing Address:**

**FEI Number:** 59-2673481

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLIGOOD, JUDY S  
3942 A1A SOUTH  
ST. AUGUSTINE, FL 32080 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: PSD ( ) Delete  
Name: ALLIGOOD, GARY L.  
Address: 157 MARINE STREET #209  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D ( ) Delete  
Name: BECK, ROBERT  
Address: 2312 WESTERN AVENUE  
City-St-Zip: SCHOLFIELD, WI 54476

Title: D ( ) Delete  
Name: CRAFT, SANDRA  
Address: 4266 BUSH RD  
City-St-Zip: KENNEDY, NY 14747

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: ALLIGOOD, GARY L.  
Address: 157 MARINE STREET #209  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: GERY L ALLIGOOD

PRES

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date