2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000000084

FILED Apr 24, 2009 Secretary of State

Entity Name: ROYAL ST. AUGUSTINE PARCEL OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 475 WEST TOWN PLACE SUITE 200 SAINT AUGUSTINE, FL 32092 US **New Mailing Address: Current Mailing Address:** 475 WEST TOWN PLACE SUITE 200 SAINT AUGUSTINE, FL 32092 US FEI Number: 59-3631443 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MURPHY, PATRICK T THE NEIGHBORHOOD MANAGERS INC. 475 WEST TOWN PLACE 79 MASTERS DRIVE SAINT AUGUSTINE, FL 32084 SUITE 200 SAINT AUGUSTINE, FL 32092 US 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: JANICE L. HERREN 04/24/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MURPHY, PATRICK T JACOBS, RICHARD Name: Name: 475 WEST TOWN PLACE, SUITE 200 Address: 1760 KESWICK RD Address: City-St-Zip: SAINT AUGUSTINE, FL 32092 City-St-Zip: SAINT AUGUSTINE, FL 32084 Title: VTD () Delete Title: (X) Change () Addition MURPHY, MICHAEL A Name: MERCHANT, JAMES Name: Address: 475 WEST TOWN PLACE, SUITE 200 Address: 909 OXFORD DR City-St-Zip: SAINT AUGUSTINE, FL 32092 City-St-Zip: SAINT AUGUSTINE, FL 32084 Title: () Delete Title: () Change (X) Addition REINHART, PEG Name: Name: 1437 STOCKBRIDGE LANE Address: Address: City-St-Zip: City-St-Zip: SAINT AUGUSTINE, FL 32084 Title: () Delete Title: SD () Change (X) Addition Name: Name: SAVOIE, BERNARD Address: Address: 1318 KINGSTON COURT ST AUGUSTINE, FL 32084 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition WOLFRAM, GORDON Name: Name: 936 OXFORD DRIVE Address: Address: City-St-Zip: City-St-Zip: ST AUGUSTINE, FL 32084

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD JACOBS PD 04/24/2009

() Delete

Title:

Name:

Address:

City-St-Zip:

() Change (X) Addition

FORRESTER, KENNETH

997 OXFORD DRIVE ST AUGUSTINE, FL 32084