

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90052 019 ****61.25

DOCUMENT # N00000003963					
1. Entity Name ANASTASIA BY THE SEA OWNERS ASSOCIATION, INC.					
Principal Place of Business 204 16TH ST ST AUGUSTINE BEACH, FL 32080			Mailing Address 661 1A1A BEACH BLVD. ST AUGUSTINE BEACH, FL 32080		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 461 AIA Beach Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State St. Augustine, FL		4. FEI Number 59-3655947	
Zip -		Country 32080 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PREMIER PROPERTIES REALTY GROUP INC. 661 A1A BEACH BLVD ST. AUGUSTINE BEACH, FL 32080			7. Name and Address of New Registered Agent Name: JACOBS JACOBS & ASSOC., INC Street Address (P.O. Box Number is Not Acceptable): 461 AIA Beach Blvd. City: ST. AUGUSTINE FL Zip Code: 32080		
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 PHILIP H. JACOBS				1/28/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME FINOTTI, JOHN STREET ADDRESS 376 4TH STREET CITY-ST-ZIP ATLANTIC BEACH, FL 32233	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Switzer, Lori STREET ADDRESS 212 16th St. E CITY-ST-ZIP Saint Augustine, FL 32080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME LUKE, EDYTHE STREET ADDRESS 204 16TH ST B CITY-ST-ZIP SAINT AUGUSTINE, FL 32080	<input type="checkbox"/> Delete		TITLE VD NAME Luke, Edythe STREET ADDRESS 204 16th St. B CITY-ST-ZIP St. Augustine, FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME NEACE, KATHI STREET ADDRESS 210 16TH ST F CITY-ST-ZIP SAINT AUGUSTINE, FL 32080	<input type="checkbox"/> Delete		TITLE TD NAME Neace, Kathi STREET ADDRESS 210 16th St. F CITY-ST-ZIP Saint Augustine, FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS NAME HALL, EVON STREET ADDRESS 208 16TH ST, UNIT A CITY-ST-ZIP SAINT AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Gillenwaters, Gloria STREET ADDRESS PO Box 924 CITY-ST-ZIP Starke, FL 32091	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SHARRELT, DEBORAH STREET ADDRESS 16TH ST CITY-ST-ZIP SAINT AUGUSTINE, FL 32080	<input type="checkbox"/> Delete		TITLE D NAME Sharrelts, Deborah STREET ADDRESS 210 16th St. E CITY-ST-ZIP St. Augustine, FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:		1/30/08		904-940-2293	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	