

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003963

FILED
Jan 29, 2009
Secretary of State

Entity Name: ANASTASIA BY THE SEA OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

204 16TH ST
ST AUGUSTINE BEACH, FL 32080

New Principal Place of Business:

Current Mailing Address:

461 A1A BEACH BLVD
SAINT AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 59-3655947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, JACOBS & ASSOC, INC
461 A1A BEACH BLVD
ST. AUGUSTINE BEACH, FL 32080 US

Name and Address of New Registered Agent:

JACOBS, PHILIP H
461 A1A BEACH BLVD
ST. AUGUSTINE BEACH, FL 32080 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: PHILIP H JACOBS

01/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SWITZER, LORI
Address: 212 16TH ST L
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VD () Delete
Name: LUKE, EDYTHE
Address: 204 16TH ST B
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: TD () Delete
Name: NEACE, KATHI
Address: 210 16TH ST F
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: SD () Delete
Name: GILLENWATERS, GLORIA
Address: P.O. BOX 924
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: SHARRELT, DEBORAH
Address: 16TH ST
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: LUKE, EDYTHE
Address: 204 16TH ST B
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: SD (X) Change () Addition
Name: NEACE, KATHI
Address: 210 16TH ST F
City-St-Zip: SAINT AUGUSTINE, FL 32080

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

Title: D (X) Change () Addition
Name: SHARRETT, DEBORAH
Address: 210 E 16TH STREET
City-St-Zip: ST AUGUSTINE, FL 32080

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: LORI SWITZER

P

01/29/2009

Electronic Signature of Signing Officer or Director

Date