


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90205 019 ****61.25

DOCUMENT # N0100000846	
1. Entity Name ROYAL ST. AUGUSTINE LOT OWNERS ASSOCIATION, INC.	

Principal Place of Business 11555 CENTRAL PARKWAY SUITE 1103 JACKSONVILLE, FL 32224 US	Mailing Address 11555 CENTRAL PARKWAY SUITE 1103 JACKSONVILLE, FL 32224
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2. Principal Place of Business - No P.O. Box # 79 Masters Dr. Suite, Apt. #, etc.	3. Mailing Address 79 Masters Dr. Suite, Apt. #, etc.
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City & State St. Augustine, FL	City & State St. Augustine, FL
Zip 32084	Country U.S.



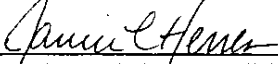
04222008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3697135	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FIRST COAST ASSOCIATION MANAGEMENT, LLC 11555 CENTRAL PARKWAY SUITE 1103 JACKSONVILLE, FL 32246	
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7. Name and Address of New Registered Agent -- Name: The Neighborhood Managers, Inc. Street Address (P.O. Box Number is Not Acceptable): Janice Herren 79 Masters Dr. City: St. Augustine FL Zip Code: 32084	
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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: 	DATE: 4/21/08
(NOTE: Registered Agent signature required when reinstating)	

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES MERCHANT, JAMES 909 OXFORD DRIVE SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JACOBS, RICHARD 1760 KESWICK RD SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC. Jacobs, Richard 1760 Keswick Rd St. Augustine, FL 32084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR MCGINTY, ROBERT 975 OXFORD DRIVE SAINT AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Bernard Savoie 1318 Kensington Ct St. Augustine FL 32084 <input type="checkbox"/> Change <input checked="" 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
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
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: 	4/19/08	904-819-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

JAMES L. MERCHANT