

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90116 027 ****61.25



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # N01000004597

1. Entity Name
SPANISH OAKS HOMEOWNERS' ASSOCIATION OF ST. AUGUSTINE, INC.

Principal Place of Business
530 WHITEHEAD, SUITE 201
KEY WEST FL 33040

Mailing Address
PO BOX 126
KEY WEST FL 33041-0126

2. Principal Place of Business
Suite, Apt. #, etc.
530 WHITEHEAD Suite 201

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

4. FEI Number 65-1123826
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
OVERBY, JON J
530 WHITEHEAD SUITE 201
KEY WEST FL 33040

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
WHITEHEAD
City FL Zip Code

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 *[Signature]* J. JEFFERSON OVERBY 02-03-03
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	OVERBY, JON JEFFERSON	
STREET ADDRESS	503 WHITEHEAD STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODE, SANCHEZ	
STREET ADDRESS	811 GERONA ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODE, GUERRY	
STREET ADDRESS	511 W. BAKER STREET	
CITY-ST-ZIP	AHOSKIE NC 27910	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whitehead St, Suite 201	
STREET ADDRESS	530 Whitehead Street	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* J. JEFFERSON OVERBY 02-03-03 301-296-7000

CR2E037 (10/02)