

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000007334

1. Entity Name
ST. AUGUSTINE BMX ASSOCIATION, INC.



Principal Place of Business
**2 LINDBERG LANE
PALM COAST, FL 32137**

Mailing Address
**560 RUBA RD.
SAINT AUGUSTINE, FL 32086**



01192006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FET Number 04-3720497	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KENTON, CHARLES F
2 LINDBERG LANE
PALM COAST, FL 32137**

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENTON, FRANK 2 LINDBERG LN PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAPALLIA, GAIL 560 RUBA RD SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADKINS, SEAN 561 DEERFIELD RD SAINT AUGUSTINE, FL 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/23/06-80058-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

Frank Kenton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/06
Date

904-669-7475
Daytime Phone #