


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90025 034 ****61.25

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|---|--|--|---|---|--|
| DOCUMENT # N03000001624 | | | |  | |
| 1. Entity Name ST. AUGUSTINE COMMONS CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 6550 ST AUGUSTINE RD STE 301 JACKSONVILLE, FL 32217 | | | Mailing Address 6550 ST AUGUSTINE RD STE 301 JACKSONVILLE, FL 32217 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 34-1974538 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CAPLAN, M ELIZABETH 6550 ST AUGUSTINE RD STE 301 JACKSONVILLE, FL 32217 | | | Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 12, 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 NAME STREET ADDRESS CITY-ST-ZIP | DP BARNHARDT, RANDY 6550 ST AUGUSTINE RD STE 102 JACKSONVILLE, FL 32217 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS MCLANAHAN, CAROLYN 6550 ST AUGUSTINE RD STE 302 JACKSONVILLE, FL 32217 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT CAPLAN, MARTHA E 6550 ST AUGUSTINE RD STE 301 JACKSONVILLE, FL 32217 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GARWOOD, JUDI 6550 ST AUGUSTINE RD STE 202 JACKSONVILLE, FL 32217 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS BISSETT-KEMPER, ELLEN 6550 ST. AUGUSTINE RD. JACKSONVILLE, FL 32217 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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: <i>Martha E. Caplan</i> <i>Martha E. Caplan</i> 7-3-08 904-448-0144 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |