

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001624

FILED
Apr 28, 2009
Secretary of State

Entity Name: ST. AUGUSTINE COMMONS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6550 ST AUGUSTINE RD
STE 301
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6550 ST AUGUSTINE RD
STE 301
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 34-1974538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPLAN, M ELIZABETH
6550 ST AUGUSTINE RD
STE 301
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: CAPLAN, MARTHA E
Address: 6550 ST AUGUSTINE RD STE 301
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: GARWOOD, JUDI
Address: 6550 ST AUGUSTINE RD STE 202
City-St-Zip: JACKSONVILLE, FL 32217

Title: DS () Delete
Name: BISSETT KEMPER, ELLEN
Address: 6550 ST AUGUSTINE RD.
City-St-Zip: JACKSONVILLE, FL 32217

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DP () Change (X) Addition
Name: SCHOEPEL, KEVIN
Address: 6550 ST. AUGUSTINE RD., SUITE 105
City-St-Zip: JACKSONVILLE, FL 32217

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: MARTHA E. CAPLAN

DT

04/28/2009

Electronic Signature of Signing Officer or Director

Date