

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005034

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: ST. AUGUSTINE AMATEUR, INC.

**Current Principal Place of Business:**

4900 CYPRESS LINKS BLVD  
ELKTON, FL 32033

**New Principal Place of Business:**

**Current Mailing Address:**

4900 CYPRESS LINKS BLVD  
ELKTON, FL 32033

**New Mailing Address:**

FEI Number: 20-1155215      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JENNISON, JOHN C  
51 FULLERWOOD DR.  
ST. AUGUSTINE, FL 32084      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: MR.      ( ) Delete  
Name: JENNISON, JOHN PRE/TRE  
Address: 51 FULLERWOOD DR.  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MR.      (X) Delete  
Name: LAVERCOMBE, ELLIOTT SEC  
Address: 4401 CYPRESS LINKS BLVD.  
City-St-Zip: ELKTON, FL 32033

Title: MR.      ( ) Delete  
Name: TUCKER, HOWARD DIR  
Address: 4900 CYPRESS LINKS BLVD.  
City-St-Zip: ELKTON, FL 32033

Title: MR.      ( ) Delete  
Name: O'NEAL, TIMOTHY DIR  
Address: 413 PLANTATION GROVE LANE  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MR.      (X) Delete  
Name: SHRADER, GLENN DIR  
Address: 4135 CREEKBLUFF DR.  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MR.      ( ) Delete  
Name: MOWREY, DAN DIR  
Address: 19 OLD MISSION AVE.  
City-St-Zip: ST. AUGUSTINE, FL 32084

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

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

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

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: JOHN C. JENNISON III

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

04/20/2009

\_\_\_\_\_  
Date