

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008166

FILED  
Mar 13, 2009  
Secretary of State

Entity Name: ANCIENT CITY PLAZA OWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

4425 US 1 SOUTH  
ST AUGUSTINE, FL 32086

## New Principal Place of Business:

C/O MAY MANAGEMENT SERVICES, INC  
5455 A1A SOUTH  
ST AUGUSTINE, FL 32080

## Current Mailing Address:

3942 A1A SOUTH  
ST AUGUSTINE, FL 32080

## New Mailing Address:

C/O MAY MANAGEMENT SERVICES, INC  
5455 A1A SOUTH  
ST AUGUSTINE, FL 32080

FEI Number: 20-2047064

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES, KATHERINE G  
780 N PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084 US

## Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES, INC  
5455 A1A SOUTH  
SUITE 3  
ST AUGUSTINE, FL 32080 US

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: ANNA MARKS

03/13/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SHERNO, BOB  
Address: 21 J FOUNTAIN OF YOUTH BLVD  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: S ( ) Delete  
Name: ALFORD, CAROL  
Address: 1535 SAN RAFAEL WAY  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: T ( ) Delete  
Name: PIESCO, MICHAEL  
Address: 3433 US 1 SOUTH  
City-St-Zip: ST AUGUSTINE, FL 32080

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SHERNO, BOB  
Address: 5455 A1A SOUTH  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: S (X) Change ( ) Addition  
Name: ALFORD, CAROL  
Address: 5455 A1A SOUTH  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: T (X) Change ( ) Addition  
Name: PIESCO, MICHAEL  
Address: 5455 A1A SOUTH  
City-St-Zip: ST AUGUSTINE, FL 32080

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: MICHAEL A. PIESCO

VP

03/13/2009

Electronic Signature of Signing Officer or Director

Date