
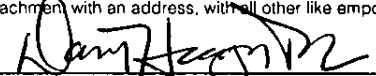


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90091 023 \*\*\*\*61.25

<b>DOCUMENT # N04000008194</b>					
<b>1. Entity Name</b> ANCIENT CITY PLAZA EAST CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4225 HIGHWAY US 1 SOUTH ST AUGUSTINE, FL 32086			<b>Mailing Address</b> 3942 A1A SOUTH ST AUGUSTINE, FL 32080		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01252008    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 20-2172641				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
JONES, KATHERINE G 780 NORTH PONCE DE LEON BLVD ST AUGUSTINE, FL 32084			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <b>SIGNATURE</b>   <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> KELLEY, DONNA M 116 GRAND OAKS DRIVE ST AUGUSTINE, FL 32080 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> HEAGY, DANITA 4425 US 1 S. #109 ST. AUGUSTINE, FL 32086 <div style="text-align: right;"><input type="checkbox"/> Change    <input checked="" type="checkbox"/> Addition</div>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> PIESCO, MICHAEL A 3433 HIGHWAY US 1 SOUTH ST AUGUSTINE, FL 32086 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> ALFORD, CAROL 1535 SAN RAFAEL WAY ST AUGUSTINE, FL 32080 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> HINES, MICHAEL 4425 US 1 S. #105 ST. AUGUSTINE, FL 32086 <div style="text-align: right;"><input type="checkbox"/> Change    <input checked="" type="checkbox"/> Addition</div>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> SAPP, NORMAN 4425 US 1 S. #101 ST. AUGUSTINE, FL 32086 <div style="text-align: right;"><input type="checkbox"/> Change    <input checked="" type="checkbox"/> Addition</div>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>		
<b>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.</b>					
<b>SIGNATURE:</b> 		4-10-08    904-461-9708			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date    Daytime Phone #</small>			