

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008194

FILED
Mar 10, 2009
Secretary of State

Entity Name: ANCIENT CITY PLAZA EAST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4225 HIGHWAY US 1 SOUTH
ST AUGUSTINE, FL 32086

New Principal Place of Business:

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

Current Mailing Address:

3942 A1A SOUTH
ST AUGUSTINE, FL 32080

New Mailing Address:

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

FEI Number: 20-2172641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, KATHERINE G
780 NORTH 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

03/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HEAGY, DANITA
Address: 4425 US 1 S. # 109
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP () Delete
Name: HINES, MICHAEL
Address: 4475 US 1 S. # 105
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: ST () Delete
Name: SAPP, NORMAN
Address: 4425 US 1 S. # 101
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HEAGY, DANITA
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP (X) Change () Addition
Name: HINES, MICHAEL
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: ST (X) Change () Addition
Name: ALFORD, CAROL
Address: 5455 A1A SOUTH
City-St-Zip: SAINT 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: DANITA HEAGY

P

03/10/2009

Electronic Signature of Signing Officer or Director

Date