

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007884

FILED
May 09, 2006
Secretary of State

Entity Name: GRAND CAY OF ST. AUGUSTINE ASSOCIATION, INC.

Current Principal Place of Business:

10475 FORTUNE PKWY - STE 100
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10475 FORTUNE PKWY - STE 100
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AYCOCK, LYNDIA R
1301 RIVERPLACE BLVD
STE 1500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

FIRST COAST ASSOCIATION MANAGEMENT
11555 CENTRAL PARKWAY
STE 1103
JACKSONVILLE, FL 32224 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: MARGARTE STOREY

05/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOYLE, GERALD
Address: 10475 FORTUNE PKWY - STE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD () Delete
Name: BUCKLEY, WILLIAM
Address: 10475 FORTUNE PKWY - STE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: STD () Delete
Name: PEARLMUTTER, CARRIE
Address: 10475 FORTUNE PKWY - STE 100
City-St-Zip: JACKSONVILLE, FL 32256

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGARET STOREY

CFO

05/09/2006

Electronic Signature of Signing Officer or Director

Date