


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90038 015 \*\*\*\*78.75

**DOCUMENT # N05000009620**

1. Entity Name  
**THE FLORIDIAN AT ST. AUGUSTINE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**8833 PERIMETER PARK BLVD., STE. 1104 JACKSONVILLE, FL 32216**      **8833 PERIMETER PARK BLVD., STE. 1104 JACKSONVILLE, FL 32216**

**DO NOT WRITE IN THIS SPACE**



03142008 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>26-0280369</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**SIMON, BERT C.**  
**1660 PRUDENTIAL DR., STE. 203**  
**JACKSONVILLE, FL 32207**

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAKEFIELD, SERENA L. 8833 PERIMETER PARK BLVD., STE. 1104 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ATKERSON, CHARLES F. 8833 PERIMETER PARK BLVD., STE. 1104 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BIDLEMAN, LYNN S 8833 PERIMETER PARK BLVD., STE. 1104 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

**SIGNATURE:** Serena Wakefield      4/17/08      904-564-2252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #