

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05829** (9)  
1. Corporation Name  
**THE ST. AUGUSTINE SOUTH IMPROVEMENT ASSOCIATION**

Principal Place of Business <b>709 ROYAL ROAD P O BOX 1317 ST AUGUSTINE FL 32085</b>	Mailing Address <b>709 ROYAL ROAD P O BOX 1317 ST AUGUSTINE FL 32085</b>
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3. Date Incorporated or Qualified <b>10/24/1984</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>59-2286817</b>		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>CONKEY, HERBERT W 1137 PRINCE RD ST. AUGUSTINE FL 32086</b>	10. Name and Address of New Registered Agent 81 Name <b>Quentin Dickerson</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>140 Linden Rd.</b> 84 City <b>St. Augustine, FL</b> 85 Zip Code <b>32086</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE **James Quentin Dickerson** (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE **2/11/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CONKEY, HERBERT E 1137 PRINCE RD ST. AUGUSTINE FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Director Lahay, Gerald 102 Alicante Rd., St. Augustine, FL 32086</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V WAGES, AUBREY 3459 PUTNAM RD ST. AUGUSTINE FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Director Burris, Garry 115 Osprey Rd., St. Augustine, FL 32086</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DICKERSON, QUENTIN 140 LINDEN RD ST. AUGUSTINE FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>Allen, Audry -Director 1265 Prince Rd., St. Augustine, FL 32086</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SWITZER, DANIEL 206 DARTMOUTH RD ST AUGUSTINE FL</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>T Jackson, Thomas J. 134 Pelican Rd., St. Augustine, FL 32086</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T JACKSON, THOMAS J JACKSON 134 PELICAN RD ST. AUGUSTINE FL</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>S Ciriello, Mildred L 5318 Shore Drive St. Augustine, FL 32086</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SWITZER, JEANNE 206 DARTMOUTH RD ST AUGUSTINE FL</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>Vice President Dickerson, Quentin 140 Linden Rd., St. Augustine, FL 32086</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **THOMAS J. JACKSON** *Thomas Jackson* 1/30/98 797-4700

CR2E037 (10/97)