


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90114 036 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N05829</b>					
1. Corporation Name <b>THE ST. AUGUSTINE SOUTH IMPROVEMENT ASSOCIATION</b>					
Principal Place of Business 709 ROYAL ROAD P O BOX 1317 ST AUGUSTINE FL 32085			Mailing Address 709 ROYAL ROAD P O BOX 1317 ST AUGUSTINE FL 32085		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/24/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2286817	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
QUENTIN DICKERSON 140 LINDEN RD ST. AUGUSTINE FL 32086		81 Name JOSEPH A. CIRIELLO 82 Street Address (P.O. Box Number is Not Acceptable) 5318 Shore Drive 83 84 City St. Augustine, FL 85 Zip Code 32086			

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 *Mildred Ciriello* Mildred Ciriello, Secretary Jan. 8, 1999  
(Signature, typed or printed name of registered agent and the fee, if applicable) (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAHAY, GERALD	1.2 NAME	David Clark
STREET ADDRESS	102 ALICANTE RD	1.3 STREET ADDRESS	727 Queen Rd.,
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	1.4 CITY-ST-ZIP	St. Augustine, Fl. 32086
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURRIS, GARRY	2.2 NAME	JOSEPH A. Ciriello
STREET ADDRESS	115 OSPREY RD	2.3 STREET ADDRESS	5318 Shore Drive
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	2.4 CITY-ST-ZIP	St. Augustine, Fl. 32086
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKERSON, QUENTIN	3.2 NAME	Sally Lebre
STREET ADDRESS	140 LINDEN RD	3.3 STREET ADDRESS	1277 Prince Rd.,
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	St. Augustine, Fl. 32086
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSONV, THOMAS J	4.2 NAME	JOHN WEBBER
STREET ADDRESS	134 PELICAN RD	4.3 STREET ADDRESS	1019 Prince Rd.,
CITY-ST-ZIP	ST AUGUSTINE FL 32086	4.4 CITY-ST-ZIP	St. Augustine, Fl. 32086
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CIRIELLO, MILDRED L	5.2 NAME	Rob Depiazza
STREET ADDRESS	5318 SHORE DR	5.3 STREET ADDRESS	1369 Prince Rd.,
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	5.4 CITY-ST-ZIP	St. Augustin, Fl. 32086
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKERSON, QUENTIN	6.2 NAME	
STREET ADDRESS	140 LINDON RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE *Mildred Ciriello* Mildred Ciriello, Secretary Jan. 8, 1999 (904) 797-6554  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)