


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90114 050 ****61.25

DOCUMENT # N05829	
1. Entity Name THE ST. AUGUSTINE SOUTH IMPROVEMENT ASSOCIATION	

Principal Place of Business 709 ROYAL ROAD SAINT AUGUSTINE FL 32086	Mailing Address P O BOX 860277 SAINT AUGUSTINE FL 32086-0277
---	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

14017701



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2286817	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NIZZIA, THERESA F 142 EGRET RD. SAINT AUGUSTINE FL 32086	7. Name and Address of New Registered Agent Name ROWLAND, KETH H. Street Address (P.O. Box Number is Not Acceptable) 129 CORNELL ROAD City ST. AUGUSTINE FL Zip Code 32086
--	--

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIZZA, THERESA 142 EGRET RD ST. AUGUSTINE FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD DEPIAZZA, ROBERT 1369 PRINCE RD ST AUGUSTINE, FL 32086 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD CIRIELLO, JOSEPH 5318 SHORE DR. ST. AUGUSTINE FL 32086 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD ALLEN, AUDREY 1265 PRINCE RD ST AUGUSTINE, FL 32086 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD NIZZA, JOAN 142 EGRET RD. SAINT AUGUSTINE FL 32086 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, DORENDA 5314 SHORE DR. ST AUGUSTINE FL 32086 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVENPORT, LARRY 502 GERONA RD SAINT AUGUSTINE FL 32086 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, ARCHIE 5314 SHORE DR ST AUGUSTINE FL 32086 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARAWAY, HANDLY 312 WISTERIAW RD. SAINT AUGUSTINE FL 32086 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIRIELLO, JOSEPH 5318 SHORE DR. ST AUGUSTINE FL 32086 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, PATTY 917 QUEEN RD. SAINT AUGUSTINE FL 32086 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, CYNTHIA 207 MIMOSARD ST AUGUSTINE FL 32086 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:

[Signature] **KETH H. ROWLAND**

04/30/05 904-829-5652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #