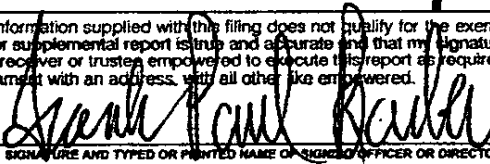


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90207 037 ****61.25

DOCUMENT # N06000003135 1. Entity Name ST. AUGUSTINE TOWNHOMES ASSOCIATION, INC.					
Principal Place of Business 232 WILSHIRE BLVD CASSELBERRY, FL 32707			Mailing Address 232 WILSHIRE BLVD CASSELBERRY, FL 32707		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARBER, FRANK P 232 WILSHIRE BLVD CASSELBERRY, FL 32707			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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	DP	☒ Delete	TITLE	Barber Frank ☒ Change ☐ Addition	
NAME	SABETI, M MAX		NAME	232 Wilshire Blvd	
STREET ADDRESS	128 E COLONIAL DR		STREET ADDRESS	Casselberry FL 32707	
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP	FL 32707	
TITLE	VPD	☒ Delete	TITLE	Barber Frank ☒ Change ☐ Addition	
NAME	MAGNER, MISSY		NAME	232 Wilshire Blvd	
STREET ADDRESS	128 E COLONIAL DR		STREET ADDRESS	Casselberry FL 32707	
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP	FL 32707	
TITLE	SD	☒ Delete	TITLE	Sec/Tres ☒ Change ☐ Addition	
NAME	SABETI, LANA		NAME	Barber Frank	
STREET ADDRESS	128 E COLONIAL DR		STREET ADDRESS	232 Wilshire Blvd	
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP	Casselberry FL 32707	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date 4/25/08 Daytime Phone # 407 360 6050		

60035388



04252008 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**