2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N06000003135

Entity Name: ST. AUGUSTINE TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

232 WILSHIRE BLVD
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

232 WILSHIRE BLVD
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARBER, FRANK P
232 WILSHIRE BLVD
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BARBER, FRANK
Address: 232 WILSHIRE BLVD
City-St-Zip: CASSELBERRY, FL 32707

Title: V ( ) Delete
Name: BARBER, FRANK
Address: 232 WILSHIRE BLVD
City-St-Zip: CASSELBERRY, FL 32707

Title: S/T ( ) Delete
Name: BARBER, FRANK
Address: 232 WILSHIRE BLVD
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: PIERRE, ARSENENC
Address: 518 MAJESTIC WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S/T (X) Change ( ) Addition
Name: NEILSON, DALE
Address: 528 MAJESTIC WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP (X) Change ( ) Addition
Name: BLANCHARD, CHARLENE
Address: 567 MAJESTIC WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK PAUL BARBER RA 04/24/2009

Electronic Signature of Signing Officer or Director — Date