

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003135

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**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:** PRES  
**Name:** BLANCHARD, CHARLENE  
**Address:** 567 MAJESTIC WAY  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**Title:** V.P.  
**Name:** MURPHY, PETER  
**Address:** 109 BRIDGEWAY CIR  
**City-St-Zip:** LONGWOOD, FL 32779

**Title:** TRES  
**Name:** ARSENEC, PIERRE  
**Address:** 150 E. ROBINSON STREET, #1808  
**City-St-Zip:** ORLANDO, FL 32801

**Title:** SEC  
**Name:** TAYLOR, DALE MARIE  
**Address:** 472 MAJESTIC WAY  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

I hereby 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 all other like empowered.

**SIGNATURE:** FRANK PAUL BARBER

AGNT

03/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date