2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003135

FILED Feb 02, 2011 Secretary of State

Entity Name: ST. AUGUSTINE TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

232 WILSHIRE BLVD 2180 WEST SR 434 CASSELBERRY, FL 32707 SUITE 5000

LONGWOOD, FL 32779

Current Mailing Address: New Mailing Address:

232 WILSHIRE BLVD 2180 WEST SR 434

CASSELBERRY, FL 32707 SUITE 5000 LONGWOOD, FL 32779

FEI Number: 68-0621649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARBER, FRANK P
232 WILSHIRE BLVD
CASSELBERRY, FL 32707 US
HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

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: JAMES W HART JR 02/02/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

 Name:
 BLANCHARD, CHARLENE

 Address:
 2180 WEST SR 434 STE 5000

 City-St-Zip:
 LONGWOOD, FL 32779

Title: VPD

Name: MURPHY, PETER

Address: 2180 WEST SR 434 STE 5000 City-St-Zip: LONGWOOD, FL 32779

Title: TD

Name: ARSENEC, PIERRE

Address: 2180 WEST SR 434 STE 5000 City-St-Zip: LONGWOOD, FL 32779

Title:

 Name:
 TAYLOR, DALE MARIE

 Address:
 2180 WEST SR 434 STE 5000

 City-St-Zip:
 LONGWOOD, FL 32779

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: CHARLENE BLANCHARD PD 02/02/2011