
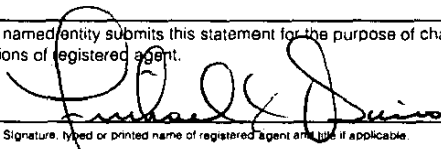
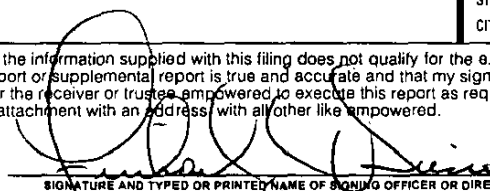


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90039 022 \*\*\*\*61.25

<b>DOCUMENT # N06000005699</b> 1. Entity Name <b>ANCIENT CITY PLAZA CENTRAL CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4425 US 1 S ST AUGUSTINE, FL 32086</b>			Mailing Address <b>4425 US 1 S ST AUGUSTINE, FL 32086</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>5455 A1A South</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		<b>St Augustine FL</b>			
Zip	Country	Zip	Country		
<b>32080</b>	<b>USA</b>				
6. Name and Address of Current Registered Agent  <b>JONES, KATHERINE G 3942 A1A BCH BLVD ST AUGUSTINE BCH, FL 32080</b>			7. Name and Address of New Registered Agent Name <b>MAY MANAGEMENT</b> Street Address (P.O. Box is acceptable) <b>5455 A1A SOUTH</b> City <b>ST AUGUSTINE FL 32080</b> <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4/1/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLEY, DONNA M 116 GRAND OAKS DR ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PIESCO, MICHAEL A 4425 US 1 SOUTH, SUITE 401 ST AUGUSTINE, FL 32086	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLIGOOD, JUDY 10 OCEAN TRACE RD ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>4/1/08</b> <small>Daytime Phone #</small>			

40067505



03282008 Chg-NP CR2E037 (12/06)

4. FEI Number  
APPLIED FOR

Applied For  
Not Applicable

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLEY, DONNA M 116 GRAND OAKS DR ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PIESCO, MICHAEL A 4425 US 1 SOUTH, SUITE 401 ST AUGUSTINE, FL 32086	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLIGOOD, JUDY 10 OCEAN TRACE RD ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #