


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000007123	
1. Entity Name CENTURY PARK OF ST. AUGUSTINE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1100-4 PONCE DE LEON BLVD ST. AUGUSTINE, FL 32084	Mailing Address 1100-4 PONCE DE LEON BLVD ST. AUGUSTINE, FL 32084
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2. Principal Place of Business - No P.O. Box # 2802 N. 5th St.	3. Mailing Address 2802 N. 5th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ST. AUGUSTINE FL	City & State ST. AUGUSTINE FL
Zip 32084	Zip 32084
Country	Country



4. FEI Number 51-0593541	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CAGLE, HENRY C 1100-4 PONCE DE LEON BLVD ST. AUGUSTINE, FL 32084	7. Name and Address of New Registered Agent Name: Cindy Chapman Street Address (P.O. Box Number is Not Acceptable): 2802 N. 5th Street City: ST. AUGUSTINE FL Zip Code: 32084
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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: Cindy S Chapman DATE: 4/27/07

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, 2007	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAGLE, HENRY C 1100-4 PONCE DE LEON BLVD ST. AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JOHN WOOD 1100-4 PONCE DE LEON BLVD ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURENCE, ROBERT J. F 1100-4 PONCE DE LEON BLVD ST. AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CINDY CHAPMAN 2802 N. 5th ST. ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURENCE, ROBERT J. L 1100-4 PONCE DE LEON BLVD ST. AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. KIM DUDEN 2802 N. 5th STREET ST. AUGUSTINE, FL 32084 <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
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
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: Cindy S Chapman DATE: 4/27/07 Daytime Phone #: 904-494-2721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

07 JUL 23 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA