

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : BARTLETT & DEAL, P.A.
Account Number : I20050000139
Phone : (904) 285-5299
Fax Number : (904) 285-1640

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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

The Villages of St. Augustine Owners Association Inc

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ARTICLES OF INCORPORATION
OF
THE VILLAGES OF ST. AUGUSTINE OWNER'S ASSOCIATION.

I, the undersigned, hereby incorporate for the purpose of becoming a corporation under the laws of the State of Florida, by and under the provisions of the statutes of the State of Florida providing for the formation of a corporation not for profit.

ARTICLE I
Name

The name of the corporation shall be: The Villages of St. Augustine Owner's Association, Inc., 475 W. Town Place, Suite 200, St. Augustine, FL 32092. The mailing address is the same.

ARTICLE II

Principal Place of Business

The principal place of business and mailing address shall be: 475 W. Town Place, Suite 200, St. Augustine, FL 32092.

ARTICLE III

Purpose

The corporation is not formed for pecuniary gain or profit, direct or indirect, to itself or to its members, Directors or Officers. The specific purposes for which it is formed is to

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administer the operation and management of the common areas at the Offices at The Villages of St. Augustine (the "Development") as will be established by recordation of the Declaration of Covenants and Restrictions, (the "Declaration") in the public records of St. Johns County, Florida.

ARTICLE IV

Directors

Board of Directors

The affairs of the corporation shall be managed and governed by a Board of Directors. The first Board of Directors shall consist of at least three (3) directors, the number of directors for subsequent Boards of Directors shall be as outlined in the Bylaws. The number of directors may be changed by amendment of the Bylaws of the corporation. The members of the Board of Directors shall be elected in accordance with the Bylaws of the corporation.

ARTICLE V

Board of Directors

The names and addresses of the persons who are to make up the first Board of Directors are:

NAME

ADDRESS

Patrick Murphy, President

475 W. Town Place, Suite 200
St. Augustine, FL 32092

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Michael Murphy, Vice President 475 W. Town Place, Suite 200
St. Augustine, FL 32092

Edward Herbert, Secretary/Treasurer 475 W. Town Place, Suite 200
St. Augustine, FL 32092

ARTICLE VI

Initial Registered Office and Agent

The street address of the initial registered office of this corporation is 135 Professional Drive, Suite 101, Ponte Vedra Beach, Florida 32082 and the name of the initial registered agent of this corporation at that address is Blake F. Deal, III.

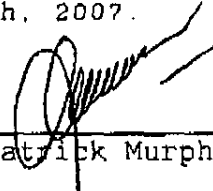
ARTICLE VII

Incorporator

The name and street address of the Incorporator of these articles of incorporation is as follows:

<u>NAME</u>	<u>ADDRESS</u>
Patrick Murphy	475 W. Town Place, Suite 200 St. Augustine, FL 32092

IN WITNESS WHEREOF, the Incorporator has hereunto set his hand and seal this 15th day of March, 2007.



Patrick Murphy

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STATE OF FLORIDA
COUNTY OF St. Johns

The foregoing instrument was acknowledged before me by Patrick Murphy who is ~~personally known to me~~ and/or who has produced _____ as identification and who did/did not take an oath, this 15th day of March, 2007.



Edward M. Herbert
Commission # DD282376
Expires October 27, 2007
Bonded Troy Feltz - Insurance, Inc. 800-386-7019

[Signature]

Notary Public
Printed Name:
My Commission Expires:

I hereby accept the designation of registered agent for the above-mentioned corporation at the above-mentioned address, city, and state.

[Signature]

Blake F. Deal, III

STATE OF FLORIDA
COUNTY OF St. Johns

The foregoing instrument ~~was acknowledged~~ before me by Blake F. Deal, III, who is ~~personally known~~ to me and/or who has produced _____ as identification and who did/did not take an oath, this 19th day of March, 2007.



Stephanie Burch
Commission # DD424424
Expires May 1, 2009
Bonded Troy Feltz - Insurance, Inc. 800-386-7019

[Signature]

Notary Public
Printed Name: **STEPHANIE BURCH**
My Commission Expires:

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