

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N13675	
1. Entity Name LA HACIENDA OF ST. JOHNS COUNTY SERVICE CORPORATION, INC.	
Principal Place of Business 3130 MONUMENT BAY ROAD ST. AUGUSTINE, FL 32092	Mailing Address 3130 MONUMENT BAY RD ST AUGUSTINE, FL 32092 US



04052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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

NADEAU, SUSAN N.
 3130 MONUMENT BAY RD
 ST AUGUSTINE, FL 32092

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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 _____ (NOTE: Registered Agent signature required when retaking) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MATLOCK, LEMOYNE 3270 MONUMENT BAY RD ST AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD NADEAU, SUSAN 3130 MONUMENT BAY RD ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NADEAU, RAYMOND A. 3130 MONUMENT BAY RD ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000289129
 04/06/05-80015-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Susan Nadeau* **SUSAN NADEAU** *4/6/05* **904-829-8581**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #