

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13836

FILED
Feb 07, 2009
Secretary of State

Entity Name: COLONIAL ST. AUGUSTINE, INC.

Current Principal Place of Business:

11 MAGNOLIA AVE
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

11 MAGNOLIA AVE
ST. AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-2950728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRASER, JOHN W
11 MAGNOLIA AVE
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FRASER, JOHN R.,
Address: 11 MAGNOLIA AVE
City-St-Zip: ST. AUGUSTINE, FL

Title: D () Delete
Name: FRASER, BRYAN,
Address: 11 MAGNOLIA AVE
City-St-Zip: ST. AUGUSTINE, FL

Title: D () Delete
Name: EDMISTON, W.C.,JR.,
Address: 36 ST. AUGUSTINE BLVD.
City-St-Zip: ST. AUGUSTINE, FL

Title: D () Delete
Name: FRASER, JOHN W
Address: 11 MAGNOLIA AVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D (X) Delete
Name: EMISTON, MARGARET G
Address: 17 CORDOVA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FRASER, JOHN W
Address: 11 MAGNOLIA AVE
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: D (X) Change () Addition
Name: FRASER, BRYAN
Address: 11 MAGNOLIA AVE
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: D (X) Change () Addition
Name: EDMISTON, MARGARET G
Address: 17 CORDOVA STREET
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: D (X) Change () Addition
Name: FRASER, JOHN R
Address: 17 CORDOVA STREET
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARGARET GREER EDMISTON

D

02/07/2009

Electronic Signature of Signing Officer or Director

Date