

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90028 041 ****61.25

DOCUMENT # N16919 1. Entity Name ANASTASIA OAKS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 200 16TH STREET SUITE 100 ST AUGUSTINE, FL 32080 US		Mailing Address <i>anastasiak</i> 5455 A1A South St. Augustine, FL 32080			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2467665	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAY MANAGEMENT 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </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 (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	V. President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRENTA, ROBERT		NAME	Savara B. Foole	
STREET ADDRESS	200 16TH STREET, #201A		STREET ADDRESS	200 16th St #B-104	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080		CITY-ST-ZIP	St. Augustine, FL 32080	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNN, JESSE		NAME		
STREET ADDRESS	200 16TH STREET		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RENZULLI, LYDIA		NAME		
STREET ADDRESS	200 16TH STREET		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Sec. of Treasure <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEISS, ANNELIESE		NAME	Anneliese Weiss	
STREET ADDRESS	200 16TH STREET		STREET ADDRESS	200 16th St #B-203	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080		CITY-ST-ZIP	St. Augustine, FL 32080	
TITLE	D	<input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAUMESER, ELIZABETH H		NAME	Elizabeth Blaumeser	
STREET ADDRESS	200 16TH STREET		STREET ADDRESS	200 16th St #B-103	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080		CITY-ST-ZIP	St. Augustine, FL 32080	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULLEY, SUZANNE		NAME		
STREET ADDRESS	200 16TH STREET		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 32080		CITY-ST-ZIP		
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: <i>Anneliese B. Weiss</i>			3-16-07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		