

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20341 (6)

1. Corporation Name

THE ST. AUGUSTINE SHORES RECREATIONAL AND SOCIAL
ASSOCIATION, INC.

Principal Place of Business

Mailing Address

20
P.O. BOX 860217
ST. AUGUSTINE FL 32086
USC/O CLUB TREASURER
P. O. BOX 860217
ST. AUGUSTINE FL 32086-0217
US3. Date Incorporated or Qualified
04/27/19873a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.26
Suite, Apt. #, etc.22
City & State27
City & State23
Zip Country28
Zip Country4. FEI Number
NOT APPLICABLEApplied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCLURE, GEORGE M.,
81 KING STREET
ST. AUGUSTINE FL 32084

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETENAME PEPPIN, EDNA E.
STREET ADDRESS 423 CASSANDRA LANE
CITY-ST-ZIP ST. AUGUSTINE FL1.1 TITLE DP ☒ Change ☐ Addition1.2 NAME SUE HILL
1.3 STREET ADDRESS 726 SAGO COURT
1.4 CITY-ST-ZIP ST. AUGUSTINE, FLTITLE VD ☒ DELETENAME MILLER, JOSEPH J.
STREET ADDRESS #2 DONDANVILLE RD.
CITY-ST-ZIP ST. AUGUSTINE FL2.1 TITLE VD ☒ Change ☐ Addition2.2 NAME GRACE RICE
2.3 STREET ADDRESS 78 PHOENETIA DRIVE
2.4 CITY-ST-ZIP ST. AUGUSTINE, FLTITLE TD ☐ DELETENAME HANAHAN, MARY G.
STREET ADDRESS 702 MEDINA COURT
CITY-ST-ZIP ST. AUGUSTINE FL3.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETENAME DAUIS, MARYLAND
STREET ADDRESS 948 ALCALA DRIVE
CITY-ST-ZIP ST. AUGUSTINE FL 320864.1 TITLE D ☒ Change ☐ Addition4.2 NAME MARILYN DAVIS
4.3 STREET ADDRESS 774 GILDA DRIVE
4.4 CITY-ST-ZIP ST. AUGUSTINE, FLTITLE CSD ☒ DELETENAME TARRANT, KAY
STREET ADDRESS 921 ALCALA DR.
CITY-ST-ZIP ST. AUGUSTINE FL 320865.1 TITLE CSD ☒ Change ☐ Addition5.2 NAME JOAN HEATH
5.3 STREET ADDRESS 43 NAVARRA COURT
5.4 CITY-ST-ZIP ST. AUGUSTINE, FLTITLE SD ☒ DELETENAME HOWE, BETTY J
STREET ADDRESS 450 DOMENICO CIRCLE
CITY-ST-ZIP ST. AUGUSTINE FL6.1 TITLE SD ☒ Change ☐ Addition6.2 NAME JEAN DRASTAL
6.3 STREET ADDRESS 411 GRACIELA COURT
6.4 CITY-ST-ZIP ST. AUGUSTINE, FL

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0001470

CR2E037 (9/96)

Mary G. Hanahan 1/10/97 904-794-0134