

FILE NOW: FILING FEE IS \$61.25

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Jan 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20341 (6)
1. Corporation Name
THE ST. AUGUSTINE SHORES RECREATIONAL AND SOCIAL ASSOCIATION, INC.



Principal Place of Business 20 P.O. BOX 880217 ST. AUGUSTINE FL 32086 US	Mailing Address 21 C/O CLUB TREASURER P. O. BOX 880217 ST. AUGUSTINE FL 32086 US
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3. Date Incorporated or Qualified 04/27/1987
4. FEI Number NOT APPLICABLE
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 790 CHRISTINA DR Suite, Apt. #, etc. 22 City & State 23 ST AUGUSTINE, FL Zip 24 32086 Country 25 USA	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
MCCLURE, GEORGE M.,
81 KING STREET
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	HILL, SUE
STREET ADDRESS	728 SAGO CT
CITY-ST-ZIP	ST AUGUSTINE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	RICE, GRACE
STREET ADDRESS	78 PHOENETIA DR
CITY-ST-ZIP	ST AUGUSTINE FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	HANAHAN, MARY G.
STREET ADDRESS	702 MEDINA COURT
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DAVIS, MARILYN
STREET ADDRESS	774 GILDA DR
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	CSD <input checked="" type="checkbox"/> DELETE
NAME	HEATH, JOAN
STREET ADDRESS	43 NAVARRA CT
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	DRASTAL, JEAN
STREET ADDRESS	411 GRACIELA CT
CITY-ST-ZIP	ST. AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD GOODIER, HAROLD E
3.3 STREET ADDRESS	431 SEVILLA DR
3.4 CITY-ST-ZIP	ST AUGUSTINE FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D QUANT, RUTH
4.3 STREET ADDRESS	308 ALTARA DR
4.4 CITY-ST-ZIP	ST. AUGUSTINE FL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CSD PITMAN, PRISCILLA
5.3 STREET ADDRESS	159 SHORE BLVD
5.4 CITY-ST-ZIP	ST AUGUSTINE FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Harold E. Goodier, Treasurer* **HAROLD E. GOODIER**

CR2E037 (10/97)