

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20341

FILED
Apr 23, 2007
Secretary of State

Entity Name: THE ST. AUGUSTINE SHORES RECREATIONAL AND SOCIAL ASSOCIATION, INC.

Current Principal Place of Business:

1508 CARNOUSTE CT
SAINT AUGUSTINE, FL 32086 US

New Principal Place of Business:

790 CHRISTINA DRIVE
SAINT AUGUSTINE, FL 32086 US

Current Mailing Address:

1508 CARNOUSTE CT
SAINT AUGUSTINE, FL 32086 US

New Mailing Address:

884 ALCALA DRIVE
SAINT AUGUSTINE, FL 32086 US

FEI Number: 59-2365950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEPPIN, EDNA
1508 CARNOUSTE CT
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

WILLIS, NANCY
884 ALCALA DRIVE
SAINT AUGUSTINE, FL 32086 US

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: NANCY WILLIS

04/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEPPIN, EDNA R
Address: 1508 CARNOUSTE CT
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: TD () Delete
Name: WILLIS, NANCY
Address: 884 ALCALA DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: BAGGESEN, ROBERT
Address: 23 TARRAGON COURT
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: STALLINGS, MARY
Address: 241 BLUEBIRD LANE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: COLETTI, RAE
Address: 401 SEVILLA DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: CSD () Delete
Name: PITMAN, PRISCILLA
Address: 159 SHORES BOULEVARD
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILLIS, NANCY
Address: 884 ALCALA DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: TD (X) Change () Addition
Name: ALEXANDERSON, LOU
Address: 361 ROSA CT.
City-St-Zip: SAINT AUGUSTINE, FL 32086

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

Title: VPD (X) Change () Addition
Name: SHENEMAN, JAMES
Address: 849 RITA CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: SD (X) Change () Addition
Name: RUBOVSKY, LOMA
Address: 512 DEL RIO CT.
City-St-Zip: ST. AUGUSTINE, FL 32086

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY WILLIS

PD

04/23/2007

Electronic Signature of Signing Officer or Director

Date