2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N20341

FILED Mar 31, 2008 8:00 am Secretary of State

	AUGUST	INE SHORES REC	REATIONAL AND				03-31-2008 9	90041 007	61.2	.5
790 CHRISTINA DRIVE 884		Mailing Address 884 ALCALA DRIVE SAINT AUGUSTINE, FL	32086 US				181 FIGH PIGH 4184	elali bigi giga	NIBI 6: (BE)	
Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt. #, etc. Si			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-NP	CR2E037	7 (12/06)	
City & State			City & State			4. FEI Number 59-2365950			<u> </u>	plied For t Applicable
Zip	· ·		Zip	Country			of Status Desired	L F	8.75 Add ee Require	
6. Name and Address of Current Registered Agent						7. Name and	Address of New	Registered A	gent	
WILLIS, NANCY 884 ALCALA DRIVE SAINT AUGUSTINE, FL 32086					Name Street Address (P.O. Box Number is Not Acceptable)					
				City					Zip Cod	e
	named entity tions of regist		the purpose of changing its	registered office or	r registere	ed agent, or both	n, in the State of F	FL Florida. I am fa	miliar with,	and accept
SIGNATURE		or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signat	ure required	when reinstating)	 	DATE		
SIGNATURE	Signature, typed Filing Fe	or printed name of registered agent a e is \$61.25 lay 1, 2008		paign Financing		\$5.00 May Be Added to Fees	• 1	Make check orida Departr		
SIGNATURE	Signature, typed Filing Fe	e is \$61.25	9. Election Cam Trust Fund C	paign Financing		\$5.00 May Be Added to Fees	• 1	Make check orida Departr	ment of St	tate
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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.