


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-31-2008 90041 007 ****61.25

DOCUMENT # N20341 1. Entity Name THE ST. AUGUSTINE SHORES RECREATIONAL AND SOCIAL ASSOCIATION, INC.					
Principal Place of Business 790 CHRISTINA DRIVE SAINT AUGUSTINE, FL 32086 US			Mailing Address 884 ALCALA DRIVE SAINT AUGUSTINE, FL 32086 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2365950	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILLIS, NANCY 884 ALCALA DRIVE SAINT AUGUSTINE, FL 32086				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIS, NANCY		NAME		
STREET ADDRESS	884 ALCALA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALEXANDERSON, LOU		NAME		
STREET ADDRESS	361 ROSA CT.		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAGGESEN, ROBERT		NAME	PITMAN PRISCILLA	
STREET ADDRESS	23 TARRAGON COURT		STREET ADDRESS	159 SHORES BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086		CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHENEMAN, JAMES		NAME		
STREET ADDRESS	849 RITA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUBOVSKY, LOMA		NAME	RENY BARBARA	
STREET ADDRESS	512 DEL RIO CT.		STREET ADDRESS	910 ALCALA DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086		CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	CSD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PITMAN, PRISCILLA		NAME	STEELE JOAN	
STREET ADDRESS	159 SHORES BOULEVARD		STREET ADDRESS	335 GRACIELA CIRCLE	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086		CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
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: Louise ALEXANDERSON <i>Louise Alexander</i> 3/6/08 904-797-6742					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					