2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20341

Jan 20, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

790 CHRISTINA DRIVE

SAINT AUGUSTINE, FL 32086 US

Current Mailing Address: 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: Name and Address of New Registered Agent:

GRIFFITH, HARRY E TREAS. 109 HONDO DR>

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

 Name:
 WILLIS, NANCY PRES.

 Address:
 884 ALCALA DRIVE

 City-St-Zip:
 SAINT AUGUSTINE, FL 32086

Title: TD

Name: GRIFFITH, HARRY E TREAS.
Address: 109 HONDO DR.

City-St-Zip: SAINT AUGUSTINE, FL 32086

Title:

Name: JACOBSEN, LOIS Address: 204 AUGUSTA CIR

City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VPD

Name: FARRELL, MARCIA Address: 544 BELEN LANE

City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: SD

Name: RENY, BARBARA Address: 910 ALCALA DR

City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: CSD

Name: DARGE, HELEN Address: 232 BILBAO DR>

City-St-Zip: SAINT AUGUSTINE, FL 32086

I hereby 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 all other like empowered.

SIGNATURE: HARRY E. GRIFFITH TRE. 01/20/2011