

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90198 005 ****61.25

DOCUMENT # N33125

1. Entity Name

ANASTASIA ISLAND/BEACHES #4425 OF AMERICAN ASSOC

Principal Place of Business

Mailing Address

**% KENNETH M. FALCONER
 23 DOLPHIN DRIVE
 ST. AUGUSTINE FL 32084**

**% KENNETH M. FALCONER
 23 DOLPHIN DRIVE
 ST. AUGUSTINE FL 32084-4530**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-3065751

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FALCONER, KENNETH M.
 23 DOLPHIN DRIVE
 ST. AUGUSTINE FL 32084**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **TUTTLE, DORIS**
 STREET ADDRESS **259 MAJORCA ROAD**
 CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE Change Addition
 NAME **Edgar Chambers III**
 STREET ADDRESS **185 MAYA CT.**
 CITY-ST-ZIP **ST. AUGUSTINE, FL. 32086-7031**

TITLE **VP** Delete
 NAME **HIERS, JOSEPH**
 STREET ADDRESS **365 ORCHIDS RD**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **TAYLOR, MARCELLA**
 STREET ADDRESS **850 ALHAMBRA AVE**
 CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **FALCONER, KENNETH M.**
 STREET ADDRESS **23 DOLPHIN DRIVE**
 CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HIERS, REBA**
 STREET ADDRESS **365 ORCHIS ROAD**
 CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** Delete
 NAME **NEMO, MARGARET**
 STREET ADDRESS **63 MAIN STREET 63 Marine St**
 CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: Kenneth M. Falconer **3/29/00** **904 824 8550**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR12E037 (9/99)