

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36604

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** SOUTHPARK AT ST. AUGUSTINE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

216 SOUTHPARK CIR  
ST AUGUSTINE, FL 32086 US

**New Principal Place of Business:**

**Current Mailing Address:**

341 E WILDWOOD DR  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 59-3007498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSADO, SANTIAGO  
216 SOUTHPARK CIR E  
ST AUGUSTINE, FL 32086 US

**Name and Address of New Registered Agent:**

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: ROSADO, SANTIAGO  
Address: 216 SOUTHPARK CIR E  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: VPD  
Name: VAIL, RONALD G  
Address: 208 SOUTHPARK CIRCLE  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: STD  
Name: HAASE, JAMES  
Address: 238 W KING STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: SANTIAGO ROSADO

PD

02/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date