
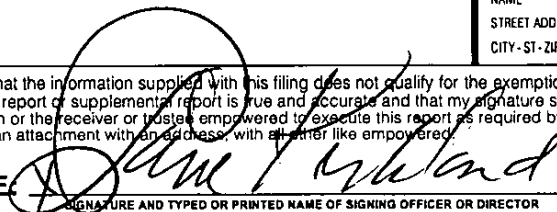


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90010 027 ****61.25

DOCUMENT # N41188 1. Entity Name ANASTASIA ISLAND RESORT, INC.					
Principal Place of Business 4825 A1A SOUTH ST AUGUSTINE, FL 32080 US			Mailing Address 4825 A1A SOUTH BOX 200 ST AUGUSTINE, FL 32080 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3044098	
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	
DG PROSPO, CARL 4825 A1A SOUTH ST AUGUSTINE, FL 32080				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE PROSPO, CARL		NAME		
STREET ADDRESS	4825 A1A SOUTH, BOX 27		STREET ADDRESS		
CITY - ST - ZIP	ST AUGUSTINE, FL 32080		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATZKE, FRANK		NAME		
STREET ADDRESS	4825 A1A SOUTH, LOT 41		STREET ADDRESS		
CITY - ST - ZIP	ST AUGUSTINE, FL 32080		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WYTIAZ, JOSEPH		NAME		
STREET ADDRESS	P.O. BOX 840037		STREET ADDRESS		
CITY - ST - ZIP	ST AUGUSTINE, FL 32080		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, JAMES		NAME		
STREET ADDRESS	P.O. BOX 840075		STREET ADDRESS		
CITY - ST - ZIP	ST. AUGUSTINE, FL 32080		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRKLAND, PAM		NAME		
STREET ADDRESS	P.O. BOX 840037		STREET ADDRESS		
CITY - ST - ZIP	SAINT AUGUSTINE, FL 32080		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 			Date 1/23/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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01052006 Chg-NP CR2E037 (11/05)

Applied For
Not Applicable

FL