

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45031

1. Entity Name

ST. AUGUSTINE VILLAGE PROPERTY OWNERS ASSOCIATIO

Principal Place of Business

Mailing Address

~~1486 LIVE OAK DRIVE~~
TALLAHASSEE FL 32301

~~1486 LIVE OAK DRIVE~~
~~TALLAHASSEE FL 32301~~

2. Principal Place of Business

3. Mailing Address

1461 LIVE OAK DR.

1461 LIVE OAK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TALLAHASSEE, FL

TALLAHASSEE, FL

Zip

Country

Zip

Country

32301

LEON

32301

LEON

6. Name and Address of Current Registered Agent

4. FEI Number

59-1561210

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CAMPBELL, LARRY
1461 LIVE OAK DRIVE
TALLAHASSEE FL 32301

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAMPBELL, LARRY
1461 LIVE OAK DRIVE
TALLAHASSEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300003924543--3
-03/28/01--01098--017
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WALKER, CAROL
1463 LIVE OAK DRIVE
TALLAHASSEE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D JAN M. SANDERS
1470 LIVE OAK DRIVE
TALLAHASSEE, FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PEAK, KINEBERLY A
1495 LIVE OAK DRIVE
TALLAHASSEE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DLINA M ENGELACE
1420 LIVE OAK DRIVE
TALLAHASSEE, FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

000056

FILED

01 MAR 19 AM 7:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE