

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N45031

1. Entity Name
ST. AUGUSTINE VILLAGE PROPERTY OWNERS
ASSOCIATION, INC.



Principal Place of Business
1461 LIVE OAK DR.
TALLAHASSEE, FL 32301

Mailing Address
1461 LIVE OAK DR.
TALLAHASSEE, FL 32301

FILED

04 APR 28 AM 9 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1561210

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, LARRY
1461 LIVE OAK DRIVE
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE D
NAME SANDERS, JAN M
STREET ADDRESS 1470 LIVE OAK DR.
CITY-ST-ZIP TALLAHASSEE, FL

TITLE D
NAME ENGELACE, LINA M
STREET ADDRESS 1420 LIVE OAK DRIVE
CITY-ST-ZIP TALLAHASSEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700035734697
05/07/04--01020--009 **61.25

**DO NOT WRITE
IN THIS SPACE**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #