

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45031

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** ST. AUGUSTINE VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

400 SPRINGBROOK RD P.O. BOX 2534  
HAVANA, FL 32333

**New Principal Place of Business:**

400 SPRINGBROOK RD  
HAVANA, FL 32333

**Current Mailing Address:**

P.O. BOX 2534  
HAVANA, FL 32333

**New Mailing Address:**

400 SPRINGBROOK ROAD P.O. BOX 2534  
HAVANA, FL 32333

**FEI Number:** 59-1561210

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPBELL, LARRY  
400 SPRINGBROOK RD. P.O. BOX 2534  
HAVANA, FL 32333 US

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

CAMPBELL, LARRY  
400 SPRINGBROOK RD  
HAVANA, FL 32333 US

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:

04/27/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CAMPBELL, LARRY  
Address: 400 SPRINGBROOK RD. P.O.BOX 2534  
City-St-Zip: HAVANA, FL 32333

Title: D ( ) Delete  
Name: NORLING, TED  
Address: 1453 LIVE OAK DR.  
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete  
Name: LAURIA, FRANK S D  
Address: 1462 LIVE OAK DR.  
City-St-Zip: TALLAHASSEE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CAMPBELL, LARRY  
Address: 400 SPRINGBROOK RD.  
City-St-Zip: HAVANA, FL 32333

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LARRY CAMPBELL

TREA

04/27/2007

Electronic Signature of Signing Officer or Director

Date