## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name N48042

(8)

T.R.E.E.S. OF ST. AUGUSTINE, INC.

**FILED** Apr 19 1996 8:00 am Secretary of State

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					1
Principal Place	of Business	Mailing Address			
C/O MRS. KAREN LEWIS C/O MRS. KAREN LEWIS					
11 CONTERA		11 CONTERA DRIVE			
ST. AUGUSTI	INE FL 32084	ST. AUGUSTINE FL 32084			3. Date incorporated or Qualified 03/25/1992 3a. Date of Last Report 04/12/1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 59-31 16913 501 (C) Applied For Not Applied For
Same as above		Same as above.			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
22		27			
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
23	Country	28 Zip	Country	,	8. This corporation has liability for intangible tax under s. 199.032,
Zip	Country	29 3	¬ '	,	Florida Statutes Yes 🛣 No
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered Agent
	5. Italia and Addiess of Carton		81	Name	
15410	MADEN CARTED		ļ.,		ddress (P.O. Box Number is Not Acceptable)
-	KAREN CARTER		82	Street A	ddress (P.O.*Box Number is Not Acceptable)
	ITERA DRIVE		83	<del> </del>	
SI. AUG	GUSTINE FL 32084				
_			84	City	FL 85 Zip Code
	017.0500	d 017 1500 Flavido Statutas 1	the above	named cor	paration authority this statement for the purpose of changing its registered office
or rogictor	ed agent, or both, in the State of Florid th, and accept the obligations of, Secti	na. Such chande was authorized t	by the con	poration's b	located of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE .	Signature, typed or printed name of registered agent	and the Landicable (NOTE I	Rouistered Au	ent signature res	jures when remistating? DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 TITLE		D ☐ Change ☑ Addition
NAME	LEWIS, KAREN C.,		1.2 NAME		CHRISTOPHER BENJAMIN
STREET ADDRESS	11 CONTERA DRIVE		1.3 STREE	T ADORESS	9 DAVIS STREET
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 CITY	ST-ZIP	ST. AUGUSTINE, FL. 32095
TITLE	VSD	DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	NADEAU, ROBIN E.,		22 NAME	:	
STREET ADDRESS	26 MICKLER BLVD.		2 3 STREE	E1 ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		2 4 CITY	-ST-ZIP	
TITLE	D	DELETE	3 1 TITLE		3000017879高端 ( Addition -04/22/9601015003
NAME	DE RUBIO, ELSIE		3 2 NAMI		-04/22/9601015003
STREET ADDRESS	99 COQUINA AVENUE		3 3 STRE	ET ADORESS	***8.75
CITY-ST-ZIP	ST. AUGUSTINE FL.		3 4. CITY	- ST - ZIP	
TITLE	D	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, MILDRED,		4. 2 NAM	IE	
STREET ADDRESS	243 MARIUS COURT		4 3 STRE	ET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		4.4 CITY		
TITLE	D	DELETE	5 1 TITLE	: 7	20000178798@mge [] Addition
NAME	DEPREY, MARILYN		52 NAM	Ε	-04/22/9601015002
STREET ADDRESS	4 VERSAGGI CT		5 3 STRE	ET ADDRESS	***61.25
CITY-ST-ZIP	ST. AUGUSTINE FL		5.4 CITY	-SI-ZIP	part part
TITLE	TO	DELETE	6 1 TITLE	<u> </u>	Change Addition
NAME	MC INTIRE, PEG		62 NAM	E	
STREET ADDRESS	4600 A1A SOUTH		63STRE	ET ADDRESS	11 316/0/10
DUTH OT 710	ST ALIGHSTINE FI		6 4 CITY	- ST - ZIP	
14. I do here	by certify that the information supplied	with this filing is voluntarily furnish	ned and do	oes not qua	lify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

certify that the information indicated on this against report or supplemental oath, that I am an officer or director of the corporation or the receiver or trappears in Block 12 or Block 13 if changed, or on an attachment with an nt is true and accurate and that my signature shall have the same legal effect as il made and wered to execute this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE:

April 13, 1996 (904)471-4572