


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90059 023 ****61.25

DOCUMENT # N93000001968 1. Entity Name PARADISE BEACH RESORT ST. AUGUSTINE, INC.					
Principal Place of Business 3960 A1A SOUTH ST. AUGUSTINE, FL 32080 US			Mailing Address 3942 A1A SOUTH ST. AUGUSTINE, FL 32080 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3188205	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLIGOOD, JUDY S 3942 A1A SOUTH ST AUGUSTINE, FL 32080				7. Name and Address of New Registered Agent 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, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES, TENBRINK 33 CANOE AVE APT E5 SAYVILLE, NY 11782		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMNER, THOMAS 2010 S. WATERSTONE RD MUNCIE, IN 47302		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FULTON, DANIEL 900 NW 37TH TERR ORLANDO, FL 32805		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER FULTON DANIEL 900 NW 37th Terry GAINESVILLE FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLANCHE, BRIAN 62 DEXTER RD NORTH SCITUATE, RI 02857		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director BLANCHE BRIAN 62 DEXTER RD NORTH SCITUATE RI 02857	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINGS, CAMIE M 4160 SE 53RD CT TRENTON, FL 32693		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEITCH, GORDON 2534 CALADIUM DR ATLANTA, GA 30345		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Norma Easter</i> NORMA EASTES 1-38-08 904-474-6606					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					