

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001968

FILED
Jan 29, 2009
Secretary of State

Entity Name: PARADISE BEACH RESORT ST. AUGUSTINE, INC.

Current Principal Place of Business:

3960 A1A SOUTH
ST. AUGUSTINE, FL 32080 US

New Principal Place of Business:

3960 A1A SOUTH
ST. AUGUSTINE, FL 32080 US

Current Mailing Address:

3942 A1A SOUTH
ST. AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 59-3188205 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ALLIGOOD, JUDY S
3942 A1A SOUTH
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JAMES, TENBRINK
Address: 33 CANOE AVE APT E5
City-St-Zip: SAYVILLE, NY 11782

Title: D () Delete
Name: SUMNER, THOMAS
Address: 2010 S. WATERSTONE RD
City-St-Zip: MUNCIE, IN 47302

Title: T () Delete
Name: FULTON, DANIEL
Address: 900 NW 37TH TERR
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: BLANCHE, BRIAN
Address: 62 DEXTER RD
City-St-Zip: NORTH SCITUATE, RI 02857

Title: D () Delete
Name: CUMMINGS, CAMIE M
Address: 4160 SE 53RD CT
City-St-Zip: TRENTON, FL 32693

Title: D () Delete
Name: LEITCH, GORDON
Address: 2534 CALADIUM DR
City-St-Zip: ATLANTA, GA 30345

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JUDY ALLIGOOD

MGR

01/29/2009

Electronic Signature of Signing Officer or Director

Date