2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State
02-04-2008 90052 018 ****61.25

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DOCUMENT # N94000003691

1. Entity Name
THE ANASTASIA LAKES ON THE ISLAND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
110 ANASTASIA LAKES DRIVE ST AUGUSTINE, FL 32080 US	C/O JACOBS JACOBS & ASSOC. 461 A1A BEACH BLVD. ST AUGUSTINE, FL 32080 US

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01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3314959
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARR, BRENDA
978 FISH ISLAND PLACE
ST AUGUSTINE, FL 32080

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARR, BRENDA
STREET ADDRESS	978 FISH ISLAND PL
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	TD
NAME	RUCKER, WILL
STREET ADDRESS	116 ANASTASIA LAKES DR.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	SD
NAME	SHEVALIER, CLAUDIA
STREET ADDRESS	86 ANASTASIA LAKES DR.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: William Rucker 3/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #