

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000005187 (8)**

1. Corporation Name

ST. AUGUSTINE WOODS UNIT II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1402 WHITE STAR LANE
TALLAHASSEE FL 32312

1402 WHITE STAR LANE
TALLAHASSEE FL 32312

3. Date Incorporated or Qualified
11/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPBELL, ROBERT A JR.
1402 WHITE STAR LANE
TALLAHASSEE FL 32312**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Robert A Campbell Jr. Robert A Campbell, Jr. President

4-23-96

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **D CAMPBELL, ROBERT A JR.**
STREET ADDRESS **1402 WHITE STAR LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE DELETE
NAME **D THOMPSON, LEX C**
STREET ADDRESS **1304 COVINGTON DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

21 TITLE Change Addition
22 NAME **D Robert A. Campbell, III**
23 STREET ADDRESS **1402 White Star Lane**
24 CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE DELETE
NAME **D CAMPBELL, SHIRLEY V**
STREET ADDRESS **1402 WHITE STAR LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE Change Addition
52 NAME **600001800186**
53 STREET ADDRESS **-04/29/96--01125--045**
54 CITY-ST-ZIP *****61.25**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert A Campbell Jr. Robert A Campbell, Jr. President 4-23-96 904-893-2707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

pm 4-29-96