


FILE NOW: FILING FEE IS \$61.25

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Jul 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005187 (8)**

1. Corporation Name

**ST. AUGUSTINE WOODS UNIT II HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>1402 WHITE STAR LANE TALLAHASSEE FL 32312</b>	Mailing Address <b>1402 WHITE STAR LANE TALLAHASSEE FL 32312-7521</b>
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2. Principal Place of Business 21 <b>Rt 7 Box 962 E</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>P.O. Box 12036</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>11/02/1995</b>		3a. Date of Last Report <b>04/29/1996</b>	
22		27		4. FEI Number <b>APPLIED FOR-59-2720608</b>		Applied For Not Applicable	
23 <b>Tallahassee, FL</b> City & State		28 <b>Tallahassee FL</b> City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
24 <b>32308</b> Zip		25 <b>45</b> Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
29 <b>32317</b> Zip		30 <b>45</b> Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CAMPBELL, ROBERT A JR. 1402 WHITE STAR LANE TALLAHASSEE FL 32312</b>				10. Name and Address of New Registered Agent 81 Name <b>RANCY OVEN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>Rt 7 Box 962 E</b> 83 84 City <b>Tallahassee</b> FL 85 Zip Code <b>32308</b>			
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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 accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **RANCY OVEN** DATE **4/28/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CAMPBELL, ROBERT A JR.</b>			1.2 NAME	<b>RANCY OVEN</b>		
STREET ADDRESS	<b>1402 WHITE STAR LANE</b>			1.3 STREET ADDRESS	<b>Rt 7 Box 962 E</b>		
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>			1.4 CITY-ST-ZIP	<b>Tallahassee FL 32308</b>		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CAMPBELL, ROBERT A III</b>			2.2 NAME	<b>Julie OVEN</b>		
STREET ADDRESS	<b>1402 WHITE STAR LANE</b>			2.3 STREET ADDRESS	<b>Rt 7 Box 962 E</b>		
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>			2.4 CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CAMPBELL, SHIRLEY V</b>			3.2 NAME	<b>Kim Wainwright</b>		
STREET ADDRESS	<b>1402 WHITE STAR LANE</b>			3.3 STREET ADDRESS	<b>2312 Forsyth Ct</b>		
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>			3.4 CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)