
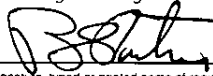
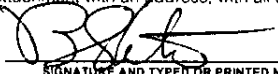


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90021 046 \*\*\*\*61.25

<b>DOCUMENT # N99000004288</b>					
<b>1. Entity Name</b> LIONS GATE HOMEOWNERS ASSOCIATION OF ST. AUGUSTINE, INC.					
<b>Principal Place of Business</b> 5455 A1A SOUTH ST. AUGUSTINE, FL 32080			<b>Mailing Address</b> 5455 A1A SOUTH ST. AUGUSTINE, FL 32080		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
<b>6. Name and Address of Current Registered Agent</b>  MAY MANAGEMENT SERVICES INC. 5455 A1A SOUTH ST. AUGUSTINE, FL 32080				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <b>SIGNATURE</b>   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;">                 (NOTE: Registered Agent signature required when reinstating)             </div> <div style="width: 20%; text-align: right;">                 DATE <u>1-22-08</u> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> PARTNER, BRUCE <b>STREET ADDRESS</b> 225 LIONS GATE DR. <b>CITY-ST-ZIP</b> ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> Wills, John <b>STREET ADDRESS</b> 103 Lions Gate Drive <b>CITY-ST-ZIP</b> St. Augustine, FL 32080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> GOEDHART, ALBERT <b>STREET ADDRESS</b> 209 LIONSGATE DRIVE <b>CITY-ST-ZIP</b> SAINT AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> Dawson, Wayne <b>STREET ADDRESS</b> P.O. Box 858 <b>CITY-ST-ZIP</b> St. Augustine, FL 32085	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> DOWIE, DONI <b>STREET ADDRESS</b> 217 LIONS GATE DR <b>CITY-ST-ZIP</b> SAINT AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> O'NEIL, ROBIN <b>STREET ADDRESS</b> 254 LION'S GATE DR <b>CITY-ST-ZIP</b> ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> DUCHARME, LEANNA <b>STREET ADDRESS</b> 190 LION'S GATE DR <b>CITY-ST-ZIP</b> SAINT AUGUSTINE, FL 32080	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>1-22-08</u> <small>Daytime Phone #</small>		