

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000099824

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

**Entity Name:** WATERFRONT HOMES AND PROPERTIES OF ST. AUGUSTINE, INC.

**Current Principal Place of Business:**

105 MARINER HEALTH WAY  
SUITE 201  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 70  
ST. AUGUSTINE, FL 32085

**New Mailing Address:**

**FEI Number:** 27-1883835

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMPSON, PAUL J  
105 MARINER HEALTH WAY  
SUITE 201  
ST. AUGUSTINE, FL 32086 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: PD  
Name: THOMPSON, PAUL J  
Address: POST OFFICE BOX 70  
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: VD  
Name: THOMPSON, GISELLE E  
Address: POST OFFICE BOX 70  
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: STD  
Name: THOMPSON, PIERRE  
Address: POST OFFICE BOX 70  
City-St-Zip: ST. AUGUSTINE, FL 32085

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL J THOMPSON

PD

01/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date