2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000080127

1. Entity Name
ST. AUGUSTINE TIMESHARING, INC.

Principal Place of Business	Mailing Address
3942 A1A SOUTH ST. AUGUSTINE, FL 32080	3942 A1A SOUTH ST. AUGUSTINE, FL 32080

DO NOT WRITE IN THIS SPACE

03302007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3277845	Not Applicable

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

6. Name and Address of Current Registered Agent

ALLIGOOD, GARY L
3942 A1A SOUTH
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_____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALLIGOOD, GARY L
STREET ADDRESS	3942 A1A SOUTH
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	VPD
NAME	ALLIGOOD, JUDY S
STREET ADDRESS	3942 A1A SOUTH
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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05/17/07--80007-017   150.00

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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 607, 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: _Judy S. Alligood VP_   4-26-07   9044716605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #