

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000001183

1. Entity Name
A1A REALTY AND MANAGEMENT CO., INC.



FILED

05 OCT 18 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**6505 A1A SOUTH
ST. AUGUSTINE, FL 32084**

Mailing Address
**6505 A1A SOUTH
ST. AUGUSTINE, FL 32084**



2. Principal Place of Business

3. Mailing Address

1 FARRADAY LN

09302005

Chg-P

CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM COAST, FL

4. FEI Number
59-3362974

Applied For
Not Applicable

Zip

Country

Zip

Country

32137

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHAPMAN, CINDY S
6505 A1A SOUTH
ST. AUGUSTINE, FL 32080**

7. Name and Address of New Registered Agent

Name **CHAPMAN, CINDY S**

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

1 FARRADAY LANE

City **PALM COAST**

FL

Zip Code **32137**

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 **Cindy S Chapman**

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

(NOTE: Registered Agent signature required when reappointing)

9/28/05

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
NAME **CHAPMAN, CINDY S**
STREET ADDRESS **509 TURNBERRY LANE**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

TITLE **VPS** ☐ Delete
NAME **ZAMPOLINO, ALYCE S**
STREET ADDRESS **9 SAN MARCO COURT**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Change ☒ Addition
NAME **GARY CARLIN**
STREET ADDRESS **1 FARRADAY LANE**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **VP** ☐ Change ☒ Addition
NAME **JOHN CHAPMAN**
STREET ADDRESS **1301 REID ST.**
CITY-ST-ZIP **PALATKA, FL 32177**

TITLE **VP** ☐ Change ☒ Addition
NAME **JOHN EVANS**
STREET ADDRESS **4505 A1A SOUTH**
CITY-ST-ZIP **ST AUGUSTINE, FL 32080**

TITLE ☐ Change ☐ Addition
NAME **400060636254**
STREET ADDRESS **10/18/05--01009--017 **\$61.25**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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: **Cindy S Chapman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/05 386-246-1100

Date

Daytime Phone #