


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90231 001 \*\*\*422.50

<b>DOCUMENT # P97000000915</b> 1. Entity Name UNIVERSITY OF ST. AUGUSTINE REAL ESTATE CORPORATION	
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Principal Place of Business 1 UNIVERSITY BLVD. ST AUGUSTINE, FL 32086	Mailing Address 1 UNIVERSITY BLVD. ST AUGUSTINE, FL 32086
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66019332



01252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3496259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  PARIS, STANLEY V 1 UNIVERSITY BLVD. ST AUGUSTINE, FL 32086
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**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARIS, STANLEY V 1 UNIVERSITY BLVD. ST AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PARIS, CATHERINE P 1 UNIVERSITY BLVD ST AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 or without other like empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	16/13 <small>Date</small>	904-826-0084 <small>Daytime Phone</small>
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