

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000017775

**FILED**  
**Mar 21, 2009**  
**Secretary of State**

**Entity Name:** REALTY ASSOCIATES OF ST. JOHNS COUNTY, INC.

**Current Principal Place of Business:**

5495 A1A SOUTH  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

5495 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

5495 A1A SOUTH  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

5495 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**FEI Number:** 59-3565665

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TUTEN, DENA  
620 A1A BEACH BLVD  
SAINT AUGUSTINE, FL 32084 US

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

TUTEN, DENA  
120 SPANISH OAKS LN.  
SAINT AUGUSTINE, FL 32080 US

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: DENA TUTEN

03/21/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TUTEN, DENA  
Address: 5495 A1A SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32080

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DENA TUTEN

P

03/21/2009

Electronic Signature of Signing Officer or Director

Date