

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720457

Entity Name: ST. AUGUSTINE SHORES SERVICE CORPORATION**Current Principal Place of Business:**790 CHRISTINA DR.
ST AUGUSTINE, FL 32086**Current Mailing Address:**790 CHRISTINA DR.
ST AUGUSTINE, FL 32086**FEI Number:** 59-1385598**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH, JOSEPH HIII
790 CHRISTINA DR.
ST. AUGUSTINE, FL 32086 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	GM
Name	SMITH, JOSEPH HIII
Address	330 SHAMROCK ROAD
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	VP
Name	DIETLY, AUSTIN
Address	327 DELTONA BLVD
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	SECRETARY
Name	AROCHA, NICOLAS
Address	409 AUGUSTA CIRCLE
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	DIRECTOR
Name	FILLORAMO, THOMAS
Address	975 SAN REMO ROAD
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	PRESIDENT
Name	O'SUCH, JAMES
Address	430 GRACIELA CIRCLE
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	TREASURER
Name	LORBEER, CLAIRE R
Address	175 COMO COURT
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	DIRECTOR
Name	VAN TIEM, PHILIP
Address	304 AUGUSTA CIRCLE
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	DIRECTOR
Name	DUNCAN, JEREMY PAUL
Address	39 NAVARRA COURT
City-State-Zip:	ST. AUGUSTINE FL 32086

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

SIGNATURE: JOSEPH H. SMITH III**GENERAL MANAGER****03/07/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date