

2021 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 H III
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:** JOSEPH H. SMITH III

03/12/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title PRESIDENT
Name DIETLY, AUSTIN
Address 291 CORTEZ DRIVE
City-State-Zip: SAINT AUGUSTINE FL 32086

Title TREASURER
Name STANTON, ROBERT
Address 452 GRACIELA CIRCLE
City-State-Zip: ST. AUGUSTINE FL 32086

Title SECRETARY
Name WINKLES, MICHAEL
Address 402 AUGUSTA CIRCLE
City-State-Zip: ST. AUGUSTINE FL 32086

Title DIRECTOR
Name CAREY, RON
Address 1114 DORADO DRIVE
City-State-Zip: ST. AUGUSTINE FL 32086

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

Title DIRECTOR
Name AMATO, MICHAEL
Address 545 SEVILLA DRIVE
City-State-Zip: ST. AUGUSTINE FL 32086

Title DIRECTOR
Name RAFF, STEVE
Address 152 FONSECA DRIVE
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

03/12/2021

Electronic Signature of Signing Officer/Director Detail

Date