

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762283

**Entity Name:** PIER POINT SOUTH CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**390 A1A BEACH BLVD  
ST AUGUSTINE BCH., FL 32080**Current Mailing Address:**390 A1A BEACH BLVD  
ST AUGUSTINE BCH., FL 32080**FEI Number:** 59-2190633**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STOWERS, LAURA  
390 A1A BEACH BLVD  
ST AUGUSTINE BCH., 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	VP
Name	SPAHN, DIRK
Address	390 A1A BEACH BLVD E57
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	PRESIDENT
Name	OLSON, LINDA
Address	390 A1A BEACH BLVD C29
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	TREASURER
Name	RANDLE, BLAKE
Address	390 A1A BEACH BLVD D54
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	SECRETARY
Name	CANDICE , SHAVE
Address	390 A1A BEACH BLVD C27
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	OTHER, MEMBER AT LARGE
Name	JOHN , ASUNMAA
Address	390 A1A BEACH BLVD E56
City-State-Zip:	SAINT AUGUSTINE FL 32080

*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:** LINDA OLSON**PRESIDENT****01/08/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date