

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004597

**Entity Name:** SPANISH OAKS HOMEOWNERS' ASSOCIATION OF ST. AUGUSTINE, INC.**Current Principal Place of Business:**129 SPANISH OAKS LANE  
SAINT AUGUSTINE, FL 32080**Current Mailing Address:**PO BOX 840164  
ST. AUGUSTINE, FL 32080 US**FEI Number:** 65-1123826**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAUL, JACOBSON VP  
129 SPANISH OAKS LANE  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	BILLINGS, SHEILA ANN PRES
Address	121 SPANISH OAKS LANE
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	VPD
Name	JACOBSON, PAUL VP
Address	129 SPANISH OAKS LANE
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	TD
Name	CHAMBERS, BRUCE TREAS
Address	105 SPANISH OAKS LANE
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	D
Name	COUSART, CHRISTINE DIR
Address	108 SPANISH OAKS LN
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	D
Name	CECCANESE, GEORGE DIR
Address	125 SPANISH OAKS LANE
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	S
Name	CHAMBERS, WANDA SEC
Address	105 SPANISH OAKS LANE
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: PAUL JACOBSON****REGISTERED AGENT,  
VICE PRESIDENT****04/02/2013**

Electronic Signature of Signing Officer/Director Detail

Date