

**2015 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 32080-0164 US**FEI Number:** 65-1123826**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JACOBSON, PAUL  
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:** PAUL JACOBSON

03/19/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title	DIRECTOR, VICE PRESIDENT
Name	VONDRA, JUDY
Address	116 SPANISH OAKS LANE
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	DIRECTOR, TREASURER
Name	CHAMBERS, BRUCE
Address	105 SPANISH OAKS LN
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	DIRECTOR
Name	HAZEL, JOHN
Address	125 SPANISH OAKS LANE
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	SECRETARY
Name	CHAMBERS , WANDA
Address	105 SPANISH OAKS LANE
City-State-Zip:	ST. 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

DIRECTOR, PRESIDENT

03/19/2015

Electronic Signature of Signing Officer/Director Detail

Date