

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41188

Entity Name: ANASTASIA ISLAND RESORT, INC.**Current Principal Place of Business:**4825 A1A SOUTH
ST AUGUSTINE, FL 32080**Current Mailing Address:**4825 A1A SOUTH
BOX 200
ST AUGUSTINE, FL 32080 US**FEI Number:** 59-3044098**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANDKNOP, THOMAS
4825 A1A SOUTH
BOX 200
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:** THOMAS SANDKNOP**03/05/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	SANDKNOP, THOMAS
Address	4825 A1A SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	VP
Name	CURRANS, WILLIAM
Address	4825 A1A SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	TREASURER
Name	HAYDEN, CAROL
Address	4825 A1A SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	SECRETARY
Name	LAMPARD, VIVIAN
Address	4825 A1A SOUTH
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	MEMBER AL
Name	ANDERSON, TODD
Address	4825 A1A SOUTH
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: THOMAS SANDKNOP**PRESIDENT****03/05/2019**

Electronic Signature of Signing Officer/Director Detail

Date