

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736710 (5)

1. Corporation Name
BARRATARIA ISLAND ASSOCIATION, INC.

Principal Place of Business: 230 BARRATARIA DR, PO BOX 4136, US
Mailing Address: PO BOX 4136, PO BOX 4136, ST. AUGUSTINE FL 32086, US



3. Date Incorporated or Qualified: 08/30/1976
3a. Date of Last Report: 04/07/1995
4. FEI Number: 59-2377635
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**NUDO, RUDOLPH
230 BARRATARIA DRIVE
STE 1500
ST. AUGUSTINE FL 32086**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP NUDO, RUDOLPH 230 BARRATARIA DRIVE ST.AUGUSTINE FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUDO, RUDOLPH	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	230 BARRATARIA DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	ST.AUGUSTINE FL	14 CITY-ST-ZIP	
TITLE	D LAZEAR, LYLE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZEAR, LYLE	22 NAME	
STREET ADDRESS	113 LAKEN LANE	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE	D ANTHONY, JOHN	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY, JOHN	32 NAME	D DICK ROGERS
STREET ADDRESS	233 BARRATARIA DR.	33 STREET ADDRESS	230 BARRATARIA DR.
CITY-ST-ZIP	ST. AUGUSTINE FL	34 CITY-ST-ZIP	ST. AUGUSTINE FL 32086
TITLE	D BAUER, SALLY	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUER, SALLY	42 NAME	
STREET ADDRESS	7265 A1A HWY, UNIT A1	43 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	44 CITY-ST-ZIP	
TITLE	VPD RAYNOR, DAVID	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYNOR, DAVID	52 NAME	
STREET ADDRESS	PO BOX 360632 NA	53 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cynthia Castleberry, Cynthia Castleberry, Treasurer 4-29-96 904 471-1597

CR2E037 (12/95)