

FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736710 (5)
1. Corporation Name
BARRATARIA ISLAND ASSOCIATION, INC.



Principal Place of Business 230 BARRATARIA DR PO BOX 4136 ST. AUGUSTINE FL 32085 US	Mailing Address PO BOX 4136 PO BOX 4136 ST. AUGUSTINE FL 32085 US
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3. Date Incorporated or Qualified
08/30/1976

4. FEI Number 59-2377635	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent

**RAYNOR, DAVID
258 BARARATARIA DRIVE
ST. AUGUSTINE FL 32086**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUDO, RUDOLPH	1.2 NAME	MUDO, RUDOLPH H
STREET ADDRESS	230 BARRATARIA DRIVE	1.3 STREET ADDRESS	230 BARRATARIA DR
CITY - ST - ZIP	ST. AUGUSTINE FL	1.4 CITY - ST - ZIP	ST AUGUSTINE, FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	LAZEAR, LYLE	2.2 NAME	
STREET ADDRESS	113 LAKEN LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, DICK	3.2 NAME	D
STREET ADDRESS	236 BARRATARIA DR	3.3 STREET ADDRESS	BILL BAILEY
CITY - ST - ZIP	ST. AUGUSTINE FL	3.4 CITY - ST - ZIP	253 BARRATARIA DR ST. AUGUSTINE, FL 32086
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	CASTLEBERRY, CINDY	4.2 NAME	
STREET ADDRESS	234 BARRATARIA DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST AUGUSTINE FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYNOR, DAVID	5.2 NAME	P
STREET ADDRESS	258 BARRATARIA DR.	5.3 STREET ADDRESS	DAVID RAYNOR
CITY - ST - ZIP	ST. AUGUSTINE FL	5.4 CITY - ST - ZIP	258 BARRATARIA DR ST. AUGUSTINE FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **CINDY CASTLEBERRY** **DAVID RAYNOR** **4-22-98** **1(904)471-4597**

CR2E037 (10/97)