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**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90151 035 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 736710**

1. Corporation Name

**BARRATARIA ISLAND ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~230 BARRATARIA DR~~  
 PO BOX 4136  
 ST. AUGUSTINE FL 32085  
 US

~~PO BOX 4136~~  
 PO BOX 4136  
 ST. AUGUSTINE FL 32085  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 **259 BARRATARIA DR**

26

**08/30/1976**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
**59-2377635**

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

23 **St. AUGUSTINE, FL**

28

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

24 Zip 25 Country

29 Zip 30 Country

**32086 USA**

**30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

84 City

**FL** 85 Zip Code

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 *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP**  DELETE  
 NAME **NUDO, RUDOLPH**  
 STREET ADDRESS **230 BARRATARIA DRIVE**  
 CITY-ST-ZIP **ST. AUGUSTINE FL**

1.1 TITLE **D**  Change  Addition  
 1.2 NAME **MICHAEL CROSS**  
 1.3 STREET ADDRESS **240 BARRATARIA DR**  
 1.4 CITY-ST-ZIP **ST. AUGUSTINE, FL**

TITLE **D**  DELETE  
 NAME **LAZEAR, LYLE**  
 STREET ADDRESS **113 LAKEN LANE**  
 CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **D**  DELETE  
 NAME **BAILEY, BILL**  
 STREET ADDRESS **236 BARRATARIA DR**  
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

3.1 TITLE **VP**  Change  Addition  
 3.2 NAME **Bailey, BILL**  
 3.3 STREET ADDRESS **283 BARRATARIA DR**  
 3.4 CITY-ST-ZIP **St. AUGUSTINE, FL**

TITLE **DT**  DELETE  
 NAME **CASTLEBERRY, CINDY**  
 STREET ADDRESS **234 BARRATARIA DR.**  
 CITY-ST-ZIP **ST. AUGUSTINE FL**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE **P**  DELETE  
 NAME **RAYNOR, DAVID**  
 STREET ADDRESS **258 BARRATARIA DR.**  
 CITY-ST-ZIP **ST. AUGUSTINE FL**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE: **CINDY CASTLEBERRY** *[Signature]* **4/13/98** **1-904-471-1597**  
 SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E037 (11/98)