


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90113 009 ****61.25

DOCUMENT # 736710
 1. Entity Name
BARRATARIA ISLAND ASSOCIATION, INC.



Principal Place of Business Mailing Address
 258 BARRATARIA DR PO BOX 4136
 ST. AUGUSTINE FL 32086 PO BOX 4136
 US ST. AUGUSTINE FL 32085
 US



2. Principal Place of Business 3. Mailing Address
 277 Barrataria Dr Suite, Apt. #, etc.
 St. Augustine FL Suite, Apt. #, etc.
 City & State City & State
 32080 St. Johns City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
ROGERS, RICHARD
 236 BARRATARIA DRIVE
 ST AUGUSTINE FL 32080

7. Name and Address of New Registered Agent
 Name **Mike Douglass**
 Street Address (P.O. Box Number is Not Acceptable) **277 Barrataria Dr.**
St Augustine **32080**
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *Mike Douglass* DATE **4/19/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGLAS, MIKE	
STREET ADDRESS	277 BARRATARIA DR.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NUDO, RUDOLPH	
STREET ADDRESS	230 BARRATARIA DRIVE	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRAVIS, BUD	
STREET ADDRESS	231 BARRATARIA DRIVE	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CASTLEBERRY, CINDY	
STREET ADDRESS	234 BARRATARIA DR.	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROGERS, RICHARD	
STREET ADDRESS	236 BARRATARIA DRIVE	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GALAVITZ, MARTHA	
STREET ADDRESS	221 BARRATARIA DRIVE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Douglas	
STREET ADDRESS	277 Barrataria Dr	
CITY-ST-ZIP	St. Augustine, FL 32080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Rogers	
STREET ADDRESS	236 Barrataria Dr.	
CITY-ST-ZIP	St Aug FL 32080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cindy Castleberry* **CINDY CASTLEBERRY** **4/19/05** **471-1597**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #