


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 736710 1. Entity Name BARRATARIA ISLAND ASSOCIATION, INC.			
Principal Place of Business		Mailing Address	
277 BARRATARIA DR SAINT AUGUSTINE FL 32080 US		PO BOX 4136 PO BOX 4136 ST. AUGUSTINE FL 32085 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
		4. FEI Number 59-2377635	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent DOUGLASS, MIKE 277 BARRATARIA DRIVE ST AUGUSTINE FL 32080		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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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 Douglas DATE _____

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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, MIKE		NAME		
STREET ADDRESS	277 BARRATARIA DR.		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080		CITY-ST-ZIP		
1100000553752 05/15/06-80065-008 61.25					
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUDO, RUDOLPH		NAME		
STREET ADDRESS	230 BARRATARIA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL 32080		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVIS, BUD		NAME		
STREET ADDRESS	231 BARRATARIA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL 32080		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTLEBERRY, CINDY		NAME		
STREET ADDRESS	234 BARRATARIA DR.		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, RICHARD		NAME		
STREET ADDRESS	236 BARRATARIA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL 32080		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALAVITZ, MARTHA		NAME		
STREET ADDRESS	221 BARRATARIA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 4-30-06 904-471-1597