

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90024 012 \*\*\*\*61.25



**DOCUMENT # 736710**

1. Entity Name

**BARRATARIA ISLAND ASSOCIATION, INC.**

Principal Place of Business

277 BARRATARIA DR  
SAINT AUGUSTINE FL 32080  
US

Mailing Address

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



2. Principal Place of Business - No P.O. Box #

230 Barrataria Dr

Suite, Apt. #, etc.

St Augustine FL

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2377635

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

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

32080

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

*R. Nudo*

Rudolph Nudo

4/31/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	P	<input checked="" 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	DI	<input type="checkbox"/> Delete
NAME	CASTLEBERRY, CINDY	
STREET ADDRESS	234 BARRATARIA DR.	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<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	
TITLE	D	<input type="checkbox"/> Delete
NAME	<del>Anthony, John</del>	
STREET ADDRESS	<del>233 Barrataria Dr.</del>	
CITY-ST-ZIP	<del>St Augustine, FL 32080</del>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John WATSON	
STREET ADDRESS	245 Barrataria Dr	
CITY-ST-ZIP	St Aug FL 32080	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rudolph, Nudo	
STREET ADDRESS	230 Barrataria Dr	
CITY-ST-ZIP	St. Augustine, FL	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Castleberry, Cindy	
STREET ADDRESS	310 N. 9th St	
CITY-ST-ZIP	Jax. Bch., FL 32250	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rogers, Richard	
STREET ADDRESS	236 Barrataria Drive	
CITY-ST-ZIP	St Augustine, FL 32080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony, John	
STREET ADDRESS	233 Barrataria Dr.	
CITY-ST-ZIP	St Augustine, FL 32080	

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*

4/31/07

249-9930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #