


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90033 010 ****61.25

DOCUMENT # 736710

1. Entity Name
BARRATARIA ISLAND ASSOCIATION, INC.



Principal Place of Business
**230 BARROTARIA 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 #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



03132008 Chg-NP CR2E037 (12/06)

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

**NUDO, RUDOLPH
 230 BARRATARIA DR.
 SAINT 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

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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	WATSON, JOHN	
STREET ADDRESS	245 BARRATARIA DR.	
CITY-ST-ZIP	SAINTE AUGUSTINE, FL 32080	
TITLE	P	<input type="checkbox"/> Delete
NAME	RUDOLPH, NUDO	
STREET ADDRESS	230 BARRATARIA DRIVE	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CASTLEBERRY, CINDY	
STREET ADDRESS	310 N 9TH ST.	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE	VP	<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	SAINTE AUGUSTINE, FL 32080	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANTHONY, JOHN	
STREET ADDRESS	233 BARRATARIA DR.	
CITY-ST-ZIP	SAINTE AUGUSTINE, FL 32080	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathleen McKenna	
STREET ADDRESS	255 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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN V CAKE	
STREET ADDRESS	248 BARRATARIA DRIVE	
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 Chapter 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: Brian V Cake **BRIAN V CAKE** 4/16/08 904 461 9394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #