

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736710

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** BARRATARIA ISLAND ASSOCIATION, INC.

**Current Principal Place of Business:**

221 BARRATARIA DRIVE  
SAINT AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

PO BOX 4136  
ST. AUGUSTINE, FL 32085 US

**FEI Number:** 59-2377635

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GALAVITZ, MARTHA  
221 BARRATARIA DRIVE  
SAINT AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ANTHONY, JOHN  
Address: 233 BARRATARIA DR.  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: P  
Name: LAQUIDARA, JIM  
Address: 8851 A1A SOUTH  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VP  
Name: RAYNOR, DAVE  
Address: 258 BARRATARIA DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D  
Name: ROGERS, RICHARD  
Address: 236 BARRATARIA DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: DST  
Name: GALAVITZ, MARTHA  
Address: 221 BARRATARIA DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARTHA GALAVITZ

DST

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date