

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736710

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

**Current Principal Place of Business:**

221 BARRATARIA DRIVE  
SAINT AUGUSTINE, FL 32080

**Current Mailing Address:**

3942 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

**FEI Number:** 59-2377635

**Certificate of Status Desired:** No

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

ALLIGOOD, JUDY  
3942 A1A SOUTH  
SAINT AUGUSTINE, FL 32080 US

*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:** JUDY ALLIGOOD

04/04/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title           DIRECTOR  
Name           NUDO, LIZ  
Address        230 BARRATARIA DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32080

Title           PRESIDENT  
Name           MARSHALL, TRACY  
Address        280 BARRATARIA DRIVE  
City-State-Zip: ST AUGUSTINE FL 32080

Title           VP  
Name           COCHRAN, ERIC  
Address        283 BARRATARIA DRIVE  
City-State-Zip: ST AUGUSTINE FL 32080

Title           DIRECTOR  
Name           PATERNOSTER, RICHARD  
Address        279 BARRATARIA DRIVE  
City-State-Zip: ST AUGUSTINE FL 32080

Title           DIRECTOR  
Name           MCKENNA, WILLIAM  
Address        255 BARRATARIA DRIVE  
City-State-Zip: ST AUGUSTINE FL 32080

Title           MANAGER  
Name           ALLIGOOD, JUDY  
Address        3942 A1A SOUTH  
City-State-Zip: ST 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:** JUDY ALLIGOOD

**AGENT**

04/04/2016

Electronic Signature of Signing Officer/Director Detail

Date