

2015 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:

PO BOX 4136
ST. AUGUSTINE, FL 32085 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

04/24/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title DIRECTOR
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

MANAGER

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date