


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 # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2377635 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| NUDO, RUDOLPH 230 BARRATARIA DR. SAINT AUGUSTINE, FL 32080 | | | | 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. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WATSON, JOHN | | NAME | | |
| STREET ADDRESS | 245 BARRATARIA DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SAINT AUGUSTINE, FL 32080 | | CITY-ST-ZIP | | |
| TITLE | P <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RUDOLPH, NUDO | | NAME | | |
| STREET ADDRESS | 230 BARRATARIA DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST AUGUSTINE, FL 32080 | | CITY-ST-ZIP | | |
| TITLE | T <input checked="" type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CASTLEBERRY, CINDY | | NAME | Treasurer Kathleen McKenna | |
| STREET ADDRESS | 310 N 9TH ST. | | STREET ADDRESS | 255 Barrataria Dr. | |
| CITY-ST-ZIP | JACKSONVILLE BEACH, FL 32250 | | CITY-ST-ZIP | St. Augustine, FL 32080 | |
| TITLE | VP <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ROGERS, RICHARD | | NAME | | |
| STREET ADDRESS | 236 BARRATARIA DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST AUGUSTINE, FL 32080 | | CITY-ST-ZIP | | |
| TITLE | DS <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GALAVITZ, MARTHA | | NAME | | |
| STREET ADDRESS | 221 BARRATARIA DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | SAINT AUGUSTINE, FL 32080 | | CITY-ST-ZIP | | |
| TITLE | D <input checked="" type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ANTHONY, JOHN | | NAME | PRESIDENT BRIAN V CAKE | |
| STREET ADDRESS | 233 BARRATARIA DR. | | STREET ADDRESS | 298 BARRATARIA DRIVE | |
| CITY-ST-ZIP | SAINT AUGUSTINE, FL 32080 | | 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: <u>Brian V Cake</u> BRIAN V CAKE | | | 4/16/08 9044619394 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |