

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756633

FILED  
Mar 13, 2012  
Secretary of State

Entity Name: SALT RUN I CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

22 COMARES STREET  
7-C  
ST AUGUSTINE, FL 32080 US

## Current Mailing Address:

22 COMARES STREET  
7-C  
ST AUGUSTINE, FL 32080 US

## New Principal Place of Business:

22 COMARES AVENUE  
7-C  
ST AUGUSTINE, FL 32080 US

## New Mailing Address:

22 COMARES AVENUE  
7-C  
ST AUGUSTINE, FL 32080 US

FEI Number: 59-2118118

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TALCOTT, BRUCE  
22 COMARES AVE  
4-B  
ST AUGUSTINE, FL 32080 US

## Name and Address of New Registered Agent:

TALCOTT, BRUCE  
22 COMARES AVENUE  
4-B  
ST 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:

03/13/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PSDT  
Name: TALCOTT, BRUCE MR  
Address: 22 COMARES AVENUE, 4-B  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VDT  
Name: HOLMES, JEFFERY  
Address: 22 COMARES AVENUE, 3-A  
City-St-Zip: ST. AUGUSTINE, FL 32280

Title: DS  
Name: SHOCKEY, GLORIA  
Address: 2045 CRESCENT DR.  
City-St-Zip: DELAND, FL 32724

Title: DT  
Name: SHOCKEY, ADAM  
Address: 22 COMARES AVENUE, 4-A  
City-St-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: BRUCE TALCOTT

PSDT

03/13/2012

Electronic Signature of Signing Officer or Director

Date