**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **760496** **(0)**

1. Corporation Name

**SALT RUN II CONDOMINIUM ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 405 FLAGLER BLVD.<br>P. O. BOX 4004<br>ST. AUGUSTINE FL 32084 | 405 FLAGLER BLVD.<br>P. O. BOX 4004<br>ST. AUGUSTINE FL 32084 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1981
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2196105 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

9. Name and Address of Current Registered Agent

MARION, MCCLELLAN
317 FLAGER STREET
STE 5A
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name: Nancy Pastore DP
82 Street Address (P.O. Box Number is Not Acceptable): 405 Flagler Blvd, #8A
83
84 City: St. Augustine, FL 85 Zip Code: 32084

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Nancy Q. Pastore 4/18/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LUCY, PASTONE<br>317 FLAGLER BLVD. #9A<br>ST. AUGUSTINE FL | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | DS<br>Jean Luoma<br>317 Flagler Blvd, #6A<br>St. Augustine, FL 32084 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SEVI MATHEWS<br>405 FLAGLER BLVD. #6A<br>ST. AUGUSTINE FL | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | DV<br>Mary Davis<br>317 Flagler Blvd. #10A<br>St. Augustine, FL 32084 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FRANK NORRIS<br>405 FLAGLER BLVD #6B<br>ST. AUGUSTINE FL | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ELEANOR MCCARTHY<br>405 FLAGLER BLVD. #1C<br>ST. AUGUSTINE FL | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | D<br>Marion Hamilton<br>405 Flagler Blvd., #2B<br>St. Augustine, FL 32084 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PEARL LANCASTER<br>405 FLAGER ST<br>ST.AUGUSTINE FL 32084 | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | D<br>Thomas Gilmour<br>405 Flagler Blvd, #6A<br>St. Augustine, FL 32084 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>ANN L. SCHRECKENGOST<br>317 FLAGER BLVD 6A<br>ST.AUGUSTINE FL 32084 | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | | ☐ Change ☐ Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added on an attachment with an addendum.

**SIGNATURE:** Ann Schreckengost Ann Schreckengost 4/18/95 (904)829-0582
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #