

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 760496 (0)**

1. Corporation Name

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



Principal Place of Business

Mailing Address

**405 FLAGLER BLVD.  
P. O. BOX 4004  
ST. AUGUSTINE FL 32084**

**405 FLAGLER BLVD.  
P. O. BOX 4004  
ST. AUGUSTINE FL 32084**

3. Date Incorporated or Qualified

**10/19/1981**

3a. Date of Last Report

**04/24/1995**

4. FEI Number

**59-2196105**

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PASTORE, NANCY  
405 FLAGLER BLVD  
#8A  
ST. AUGUSTINE FL 32084**

81 Name

**GILMOUR, THOMAS**

82

Street Address (P.O. Box Number is Not Acceptable)

**405 FLAGLER BLVD**

83

#6A

84

City

**ST AUGUSTINE**

FL

85

Zip Code

**32084**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Thomas J. Gilmore*

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

**3/28/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**DS  
NAME LUOMA, JEAN  
STREET ADDRESS 317 FLAGLER BLVD #6A  
CITY-ST-ZIP ST. AUGUSTINE FL**

1.1 TITLE ☐ Change ☒ Addition

**D  
NAME SEVY MATHEWS  
STREET ADDRESS 405 FLAGLER BLVD #5B  
CITY-ST-ZIP ST AUGUSTINE, FL**

TITLE ☐ DELETE

**DV  
NAME DAVIS, MARY  
STREET ADDRESS 317 FLAGLER BLVD #10A  
CITY-ST-ZIP ST. AUGUSTINE FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

**D  
NAME FRANK NORRIS  
STREET ADDRESS 405 FLAGLER BLVD #6B  
CITY-ST-ZIP ST. AUGUSTINE FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☒ DELETE

**D  
NAME HAMILTON, MARION  
STREET ADDRESS 405 FLAGLER BLVD #2B  
CITY-ST-ZIP ST. AUGUSTINE FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

**DT  
NAME GILMOUR, THOMAS  
STREET ADDRESS 405 FLAGLER BLVD #6A  
CITY-ST-ZIP ST.AUGUSTINE FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

**TD  
NAME ANN L. SCHRECKENGOST  
STREET ADDRESS 317 FLAGLER BLVD 8A  
CITY-ST-ZIP ST.AUGUSTINE FL 32084**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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 on an attachment with an address.

SIGNATURE:

*Ann L. Schreckengost*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/96**

DATE

**(904) 829-0582**

Telephone #

CR2E037 (12/95)