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Mar 26 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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

Mailing Address

405 FLAGLER BLVD.  
P. O. BOX 4004  
ST. AUGUSTINE FL 32084-3735



3. Date Incorporated or Qualified  
10/19/1981

3a. Date of Last Report  
04/08/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILMOUR, THOMAS  
405 FLAGLER BLVD #6A  
#8A  
ST AUGUSTINE FL 32084

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

3/19/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	LUOMA, JEAN	
STREET ADDRESS	317 FLAGLER BLVD #6A	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, MARY	
STREET ADDRESS	317 FLAGLER BLVD #10A	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANK NORRIS	
STREET ADDRESS	405 FLAGLER BLVD #6B	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MATHEWS, SEVY	
STREET ADDRESS	405 FLAGLER BLVD #5B	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILMOUR, THOMAS	
STREET ADDRESS	405 FLAGLER BLVD #6A	
CITY-ST-ZIP	ST.AUGUSTINE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ANN L. SCHRECKENGOST	
STREET ADDRESS	317 FLAGLER BLVD 8A	
CITY-ST-ZIP	ST.AUGUSTINE FL 32084	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HENLEY, RICHARD	
1.3 STREET ADDRESS	405 Flagler Blvd. #3B	
1.4 CITY-ST-ZIP	St. Augustine, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DP S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GILMOUR, THOMAS	
5.3 STREET ADDRESS	405 Flagler Blvd. #6A	
5.4 CITY-ST-ZIP	St. Augustine, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

3/19/97

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CR2E037 (9/96)