


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90060 004 \*\*\*\*61.25

|   |   |  |
|---|---|--|
| <b>NONPROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br><b>DIVISION OF CORPORATIONS</b> |
|---|---|--|

**DOCUMENT # 760496**

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



|                                  |  |                        |  |   |  |
|----------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business   |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   |  |
| 21 Suite, Apt. #, etc.           |  | 26 Suite, Apt. #, etc. |  | 10/19/1981  |  |
| 22 City & State                  |  | 27 City & State        |  | 4. FEI Number   |  |
| 23 Zip                           |  | 28 Zip                 |  | 59-2196105  |  |
| 24 Country                       |  | 29 Country             |  | 30  |  |
| 5. Certificate of Status Desired |  |                        |  | <input type="checkbox"/> \$8.75 Additional Fee Required<br><input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 6. Election Campaign Financing   |  |                        |  | <input type="checkbox"/> Trust Fund Contribution  |  |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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 Gilmour*

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

(NOTE: Registered Agent signature required when reinstating)

4-24-99

DATE

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |
|----------------------------|----------------------|---|-----------------------|
| TITLE                      | DVT                  | 1.1 TITLE   | T/D                   |
| NAME                       | HENLEY, RICHARD      | 1.2 NAME  | ANN SCHRECKENGOST     |
| STREET ADDRESS             | 405 FLAGLER BLVD 3B  | 1.3 STREET ADDRESS                                    | 317 FLAGLER BLVD. #8A |
| CITY-ST-ZIP                | ST. AUGUSTINE FL     | 1.4 CITY-ST-ZIP                                       | ST. AUGUSTINE FL      |
| TITLE                      | DPS                  | 2.1 TITLE   | D                     |
| NAME                       | GILMOUR, THOMAS      | 2.2 NAME  | MARY DAVIS            |
| STREET ADDRESS             | 405 FLAGLER BLVD 6A  | 2.3 STREET ADDRESS                                    | 317 FLAGLER BLVD #10A |
| CITY-ST-ZIP                | ST AUGUSTINE FL      | 2.4 CITY-ST-ZIP                                       | ST AUGUSTINE FL       |
| TITLE                      | D                    | 3.1 TITLE   | P/D                   |
| NAME                       | FRANK NORRIS         | 3.2 NAME  | PATRICIA MAINARDI     |
| STREET ADDRESS             | 405 FLAGLER BLVD #6B | 3.3 STREET ADDRESS                                    | 405 FLAGLER BLVD #1B  |
| CITY-ST-ZIP                | ST. AUGUSTINE FL     | 3.4 CITY-ST-ZIP                                       | ST. AUGUSTINE FL      |
| TITLE                      | D                    | 4.1 TITLE   | V/D                   |
| NAME                       | GILMOUR, THOMAS      | 4.2 NAME  | THOMAS GILMOUR        |
| STREET ADDRESS             | 405 FLAGLER BLVD #6A | 4.3 STREET ADDRESS                                    | 405 FLAGLER BLVD #6A  |
| CITY-ST-ZIP                | ST. AUGUSTINE FL     | 4.4 CITY-ST-ZIP                                       | ST AUGUSTINE FL       |
| TITLE                      |                      | 5.1 TITLE   | S/D                   |
| NAME                       |                      | 5.2 NAME  | IMOGENE DUNN          |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    | 317 FLAGLER BLVD #1A  |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       | ST. AUGUSTINE FL      |
| TITLE                      |                      | 6.1 TITLE   |                       |
| NAME                       |                      | 6.2 NAME  |                       |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                      | 6.4 CITY-ST-ZIP                                       |                       |

14. I 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, with all other like empowered.

SIGNATURE: *Thomas Gilmour* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-99

DATE

904 825-1930

Daytime Phone #

CR2E037 (11/98)