

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

0007742

**DOCUMENT # 760496**

1. Entity Name

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

04-16-2001 90002 032 \*\*\*\*\*61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2196105**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Henley, Richard**

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

**405 Flagler Blvd.**

**#3B**

City

**St. Augustine**

**FL**

Zip Code  
**32080**

8. 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

*Richard H. Henley*

**Richard Henley**

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

NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete  
NAME **SCHRECKENGOST, ANN**  
STREET ADDRESS **317 FLAGLER BLVD. #8A**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **D** ☐ Delete  
NAME **DAVIS, MARY**  
STREET ADDRESS **317 FLAGLER BLVD #10A**  
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **PD** ☐ Delete  
NAME **MAINARDI, PATRICIA**  
STREET ADDRESS **405 FLAGLER BLVD, #1B**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

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

TITLE **SD** ☐ Delete  
NAME **DUNN, IMOGENE**  
STREET ADDRESS **405 FLAGLER BLVD #1A**  
CITY-ST-ZIP **ST.AUGUSTINE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☒ Change ☐ Addition  
NAME **Schreckengost, Ann**  
STREET ADDRESS **317 Flagler Blvd. #8A**  
CITY-ST-ZIP **St. Augustine, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition  
NAME **Mainardi, Patricia**  
STREET ADDRESS **405 Flagler Blvd. #1A**  
CITY-ST-ZIP **St. Augustine, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition  
NAME **Henley, Richard**  
STREET ADDRESS **405 Flagler Blvd. #3B**  
CITY-ST-ZIP **St. Augustine, FL**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Richard H. Henley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Richard Henley**

**(904) 824-2102**

Date

Daytime Phone #

CR2E037 (10/00)