

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90049 019 ****61.25

DOCUMENT # 760496

1. Entity 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**

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

7. Name and Address of New Registered Agent

**HENLEY, RICHARD
405 FLAGLER BLVD
#3B
ST AUGUSTINE FL 32080**

Name

Patricia Mainardi

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

405 Flagler Blvd.

Apt. 1B

City

St. Augustine, FL

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	SCHRECKENGOST, ANN	
STREET ADDRESS	317 FLAGLER BLVD. #8A	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input 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	MAINARDI, PATRICIA	
STREET ADDRESS	405 FLAGLER BLVD #1A	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GILMOUR, THOMAS	
STREET ADDRESS	405 FLAGLER BLVD #6A	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUNN, IMOGENE	
STREET ADDRESS	405 FLAGLER BLVD #1A	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HENLEY, RICHARD	
STREET ADDRESS	405 FLAGLER BLVD #3B	
CITY-ST-ZIP	ST AUGUSTINE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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 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 *Ann Schreckengost* **Schreckengost, Treasurer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 829-9582
4/20/02

Date Daytime Phone #