

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90027 050 \*\*\*\*61.25

**DOCUMENT # 760496**

1. Entity 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**

34041104



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2196105**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**DUNN, IMOGENE  
317 FLAGLER BLVD., APT 1A  
SAINT AUGUSTINE, FL 32080**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Imogene Dunn*

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

(NOTE: Registered Agent signature required when reinstating)

**3-22-04**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☒ Delete  
NAME SCHRECKENGOST, ANN  
STREET ADDRESS 317 FLAGLER BLVD. #8A  
CITY-ST-ZIP ST. AUGUSTINE, FL

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

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

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

PD ☒ Delete  
NAME MAINARDI, PATRICIA  
STREET ADDRESS 405 FLAGLER BLVD #1A  
CITY-ST-ZIP ST. AUGUSTINE, FL

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

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

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

VD ☐ Delete  
NAME HENLEY, RICHARD  
STREET ADDRESS 405 FLAGLER BLVD #3B  
CITY-ST-ZIP ST AUGUSTINE, FL

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

S ☐ Delete  
NAME GUENTHER, ANNE  
STREET ADDRESS 405 FLAGLER BLVD., #7A  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32080

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

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 A. Henley* **RICHARD A. HENLEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/04**

DATE

**888-213-8300**

Daytime Phone #