

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90024 006 \*\*\*\*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**

**20025995**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112005

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

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

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

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

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

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

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

TITLE ☒ Delete  
NAME **SD**  
STREET ADDRESS **GUENTHER, ANNE**  
CITY-ST-ZIP **405 FLAGLER BLVD., #7A  
SAINT AUGUSTINE, FL 32080**

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

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **MARY E. CORNELIUS**  
CITY-ST-ZIP **405 FLAGLER BLVD 9A  
ST AUGUSTINE, FLA 32080**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/05**

**888-213-8300**

Date

Daytime Phone #