


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90182 025 ****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
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2196105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUNN, IMOGENE 405 FLAGLER BLVD #1A ST.AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HENLEY, RICHARD 405 FLAGLER BLVD #3B ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, SARAH 637 COUNTY RD 13 SOUTH SAINT AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATRICIA MAINARDI 405 FLAGLER BLVD 1B ST. AUG. FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID TOMLINSON 3711 NW 123RD PL GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/6/07 904 825-4224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #