

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760496

FILED
Apr 01, 2009
Secretary of State

Entity Name: SALT RUN II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

405 FLAGLER BLVD.
P. O. BOX 4004
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

317,405A AND B FLAGLER BLVD.
ST. AUGUSTINE, FL 32080

Current Mailing Address:

405 FLAGLER BLVD.
P. O. BOX 4004
ST. AUGUSTINE, FL 32084

New Mailing Address:

P. O. BOX 4004
ST. AUGUSTINE, FL 32085

FEI Number: 59-2196105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: DUNN, IMOGENE
Address: 317 FLAGLER BLVD #1A
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: DT () Delete
Name: HENLEY, RICHARD
Address: 405 FLAGLER BLVD #3B
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: MAINARDI, PATRICIA
Address: 405 FLAGLER BVLD 1B
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DUNN, IMOGENE
Address: 317 FLAGLER BLVD #1A
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: MAINARDI, PATRICIA
Address: 405 FLAGLER BVLD 1B
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD A. HENLEY

DT

04/01/2009

Electronic Signature of Signing Officer or Director

Date