

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760496

**FILED**  
**Mar 31, 2012**  
**Secretary of State**

**Entity Name:** SALT RUN II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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: PD  
Name: DUNN, IMOGENE  
Address: 317 FLAGLER BLVD #1A  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D  
Name: MAINARDI, PATRICIA  
Address: 405 FLAGLER BLVD #1B  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T/S  
Name: SCHRECKENGOST, ANN  
Address: 317 FLAGLER BLVD #8A  
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: IMOGENE DUNN

PD

03/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date