

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90108 028 ****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**

00013063



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2196105**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MAINARDI, PATRICIA
405 FLAGLER BLVD
APT 1B
ST AUGUSTINE FL 32080**

7. Name and Address of New Registered Agent

Name **Imogene Dunn**
Street Address (P.O. Box Number is Not Acceptable)
317 Flagler Blvd Apt 1A
City **St. Augustine** **FL** Zip Code **32080**

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)

DATE

4-4-03

FILE NOW: FEE IS \$61.25

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

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

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

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

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

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

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

PD ☒ Change ☐ Addition

☐ Change ☐ Addition

S
TITLE NAME **Anne Guenther** ☐ Change ☒ Addition
STREET ADDRESS **405 Flagler Blvd #7A**
CITY-ST-ZIP **St. Augustine, FL 32080**

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: *Imogene Dunn*

4-4-03

CR2E037 (10/02)