


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90009 022 \*\*\*\*61.25

DOCUMENT # N03000010872					
1. Entity Name OLD TOWN ASSOCIATION, INC.					
Principal Place of Business 21 ARVILES ST ST AUGUSTINE, FL 32084		Mailing Address 21 ARVILES ST ST AUGUSTINE, FL 32084			
2. Principal Place of Business <b>21 ARVILES ST.</b>		3. Mailing Address <b>21 ARVILES ST.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>01-0802818</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD @221E PALM BEACH GARDENS, FL-33410			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEYS, LESLEE F		NAME	21 Arviles St.	
STREET ADDRESS	21 ARVILES ST		STREET ADDRESS	21 Arviles St.	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHETSTONE, VIRGINIA		NAME	21 Arviles St.	
STREET ADDRESS	21 ARVILES ST		STREET ADDRESS	21 Arviles St.	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FINNEGAN, JOSEPH P JR		NAME	21 Arviles St	
STREET ADDRESS	21 ARVILES ST		STREET ADDRESS	21 Arviles St	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHETSTONE, HENRY		NAME	21 Arviles St.	
STREET ADDRESS	21 ARVILES ST		STREET ADDRESS	21 Arviles St.	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLIDAY, ELIZABETH		NAME	21 Arviles St	
STREET ADDRESS	21 ARVILES ST		STREET ADDRESS	21 Arviles St	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLIDAY, DAN		NAME	21 Arviles St.	
STREET ADDRESS	21 ARVILES ST		STREET ADDRESS	21 Arviles St.	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: <i>Joseph P Finnegan</i>			3-25-04 904 429-0088		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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