

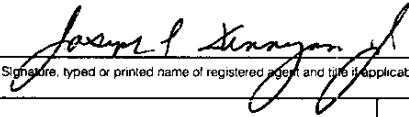
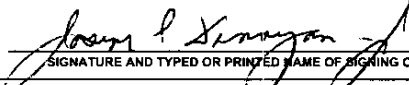


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

05-30-2006 90036 042 \*\*\*\*61.25

<b>DOCUMENT # N03000010872</b> 1. Entity Name OLD TOWN ASSOCIATION, INC.					
Principal Place of Business 21 AVILES ST. ST AUGUSTINE, FL 32084				Mailing Address 21 AVILES ST. ST AUGUSTINE, FL 32084	
2. Principal Place of Business		3. Mailing Address		  05102006 Chg-NP CR2E037 (4/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 01-0802818				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  FINNEGAN, JOSEPH P JR 21 AVILES STREET ST. AUGUSTINE, FL 32084				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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  <span style="float: right;">5/23/06</span> <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEYS, LESLEE F		NAME		
STREET ADDRESS	21 AVILES ST.		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>WHETSTONE, VIRGINIA</del>		NAME	D <b>DIANE LANE</b>	
STREET ADDRESS	21 AVILES ST.		STREET ADDRESS	<b>21 AVILES ST</b>	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084		CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32084</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINNEGAN, JOSEPH P JR		NAME		
STREET ADDRESS	21 AVILES ST.		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>WHETSTONE, HENRY</del>		NAME	D <b>DIANE RYAN</b>	
STREET ADDRESS	21 AVILES ST.		STREET ADDRESS	<b>21 AVILES ST</b>	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084		CITY-ST-ZIP	<b>ST AUGUSTINE, FL 32084</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLIDAY, ELIZABETH		NAME		
STREET ADDRESS	21 AVILES ST.		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOLIDAY, DAN		NAME	-D <b>ANDY FLEMING</b>	
STREET ADDRESS	21 AVILES ST.		STREET ADDRESS	<b>21 AVILES ST</b>	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084		CITY-ST-ZIP	<b>ST AUGUSTINE FL 32084</b>	
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.					
<b>SIGNATURE:</b> 			5/23/06 904-429-0085		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		