

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90253 008 ****61.25

DOCUMENT # N05829

1. Entity Name

**THE ST. AUGUSTINE SOUTH IMPROVEMENT
ASSOCIATION**



Principal Place of Business

**709 ROYAL ROAD
SAINT AUGUSTINE FL 32086**

Mailing Address

**P O BOX 860277
SAINT AUGUSTINE FL 32086-0277**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2286817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARAWAY, HANDLY W II
134 CORNELL RD
SAINT AUGUSTINE FL 32086**

7. Name and Address of New Registered Agent

Name **NIZZA, THERESA F.**

Street Address (P.O. Box Number is Not Acceptable)

142 EGRET RD

City

ST AUGUSTINE

FL

Zip Code

32086

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

TITLE		<input checked="" type="checkbox"/> Delete
NAME	NIZZA, THERESA	
STREET ADDRESS	142 EGRET RD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMERON, JERRY	
STREET ADDRESS	518 GENTIAN	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CIRIELLO, JOSEPH	
STREET ADDRESS	5318 SHORE DR	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVENPORT, LARRY	
STREET ADDRESS	502 GERONA RD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARWAY, HANDLY	
STREET ADDRESS	134 CORNELL RD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LUPINETTI, JUDE	
STREET ADDRESS	1902 SHORE DR	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIZZA THERESA	
STREET ADDRESS	142 EGRET RD	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIRIELLO, JOSEPH	
STREET ADDRESS	5318 SHORE DR	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	
TITLE	2VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIZZA, JOAN	
STREET ADDRESS	142 EGRET RD	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWLAND, KEITH	
STREET ADDRESS	129 CORNELL RD	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARAWAY, HANDLY	
STREET ADDRESS	312 WISTERIA RD	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, PATTY	
STREET ADDRESS	917 QUEEN RD	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	

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:

Theresa F Nizza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-04 794-5129

Attachment

N05829

2004 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT

DOCUMENT # N05829

THE ST. AUGUSTINE SOUTH IMPROVEMENT ASSOCIATION

Additions to Item 11: Additions/Changes to Officers and Directors in 10.

D LUPINETTI JUDE
1902 SHORE DRIVE
SAINT AUGUSTINE, FL 32086

D TUCKER ARCHIE
5314 SHORE RD
ST AUGUSTINE, FL 32086

D PULLIUM MICHAEL
561 SEGOVIA RD
ST AUGUSTINE FL 32086

SD BRADY MARGARET
140 CORNELL RD
ST AUGUSTINE, FL 32086

D WRIGHT CYNTHIA
207 MIMOSA RD
ST AUGUSTINE, FL 32086