

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90140 014 ****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

4. FEI Number **59-2286817**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMERON, JERRY
518 GENTIAN ROAD
SAINT AUGUSTINE FL 32086**

Name **HANDLY W. CARAWAY II**

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

134 CORNELL 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

HANDLY W. CARAWAY II

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **NIZZA, THERESA** ☐ Delete
STREET ADDRESS **142 EGRET RD**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE
NAME **LUPINETTI, JUDE** ☐ Change ☒ Addition
STREET ADDRESS **1902 SHORE DR**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32086**

TITLE
NAME **CAMERON, JERRY** ☒ Delete
STREET ADDRESS **518 GENTIAN**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE
NAME **CAMERON, JERRY** ☒ Change ☐ Addition
STREET ADDRESS **518 GENTIAN RD.**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32086**

TITLE
NAME **CARAWAY, HANDLEY** ☒ Delete
STREET ADDRESS **134 CORNELL RD**
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE
NAME **CIRIELLO, JOSEPH** ☐ Change ☒ Addition
STREET ADDRESS **5318 SHORE DR.**
CITY-ST-ZIP **ST AUGUSTINE, FL 32086**

TITLE
NAME **CAMERON, DAPHNE** ☒ Delete
STREET ADDRESS **518 GENTIAN ROAD**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE
NAME **DAVENPORT, LARRY** ☐ Change ☒ Addition
STREET ADDRESS **502 GERONA RD.**
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE
NAME **CARAWAY, HANDLY** ☒ Delete
STREET ADDRESS **134 CORNELL ROAD**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE
NAME **CARAWAY, HANDLEY** ☒ Change ☐ Addition
STREET ADDRESS **134 CORNELL RD**
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **SHAW, PATTY** ☐ Change ☒ Addition
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 NIZZA 4/16/03 904-794-5129

CR2E037 (10/02)

Attachment
90093737

2003 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

Jackson, Tom
134 Pelican Rd.
St. Augustine, FL 32086

D

Pullium, Michael
561 Segovia Rd.
St. Augustine, FL 32086

D

Tucker, Archie
5314 Shore Dr.
St. Augustine, FL 32086