

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07620

1. Entity Name

NORTH SHORES IMPROVEMENT ASSOCIATION

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90035 039 ****70.00

Principal Place of Business
410 23RD ST NORTH BEACH
ST AUGUSTINE FL 32095
US

Mailing Address
410 23RD ST NORTH BEACH
ST AUGUSTINE FL 32095-1739
US

2. Principal Place of Business
175 MEADOW AVE

3. Mailing Address
410 23RD ST. N. BEACH

Suite, Apt. #, etc.

City & State
ST AUGUSTINE, FL

City & State
ST AUGUSTINE, FL

Zip
32095

Country
ST JOHNS

Zip
32095

Country
ST JOHNS

4. FEI Number
59-6552959

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWNING, VIVIAN
50 BEACH COMBER WAY
ST AUGUSTINE FL 32095

7. Name and Address of New Registered Agent

Name
VIVIAN BROWNING

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

City
ST AUGUSTINE FL

Zip Code
32095

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.

SIGNATURE
VIVIAN BROWNING

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

(NOTE: Registered Agent signature required when reinstating)

DATE
1/25/2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWNING, VIVIAN 50 BEACH COMBER WAY ST. AUGUSTINE FL 32095	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUARNIER, JOHN 410 23RD ST ST AUGUSTINE FL 32095	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORTON, ERIC 2873 COASTAL HIGHWAY ST AUGUSTINE FL 32095	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, SACHA 133 COASTAL HOLLOW CIRCLE ST. AUGUSTINE FL 32095	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCEVER, MARY LOU 5385 COASTAL HWY #7 ST. AUGUSTINE FL 32095	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROTHERTON, LOLA 3125 N. COASTAL HWY ST AUGUSTINE FL 32095	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GUARNIER, JOHN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP JANIE RENDERNIECHT 3780 MYRTLE ST ST. AUGUSTINE, FL 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
Daytime Phone #

CR2E037 (9/99)