

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90143 034 ****61.25

DOCUMENT # N07620

1. Entity Name

NORTH SHORES IMPROVEMENT ASSOCIATION

Principal Place of Business

120 MEADOW AVENUE
 ST. AUGUSTINE FL 32084
 US

Mailing Address

120 MEADOW AVENUE
 ST. AUGUSTINE FL 32084
 US

D0063967



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3593071

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

BROWNING, VIVIAN C
120 MEADOW AVENUE
ST. AUGUSTINE FL 32084

Name

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

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.

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
After September 12, 2001, min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	BROWNING, VIVIAN	40 BEACHCOMBER WAY ST. AUGUSTINE FL 32084				
	VD	USINA-MORSE, CATALINA	4090 MYRTLE ST. ST. AUGUSTINE FL 32084				
	SD	SACHA MARTIN, CAROL ANN	133 COASTAL HOLLOW CIRCLE ST. AUGUSTINE FL 32084				
	TD	GUARNIERI, JOHN	410 23RD STREET, NORTH BEACH ST. AUGUSTINE FL 32084		TD	Neal Ganzel 4369 Palm Street St. Augustine, FL 32084	
	D	DILBECK, ELAINE	128 OAK AVENUE ST. AUGUSTINE FL 32084				
	D	BROTHERTON, LOLA	3125 COASTAL HIGHWAY ST. AUGUSTINE FL 32084				

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:

Catalina **REMOVED**

9/11/01

904-824-9192

CR2E037 (5/01)