

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90038 008 ****61.25

DOCUMENT # N07620

1. Entity Name

NORTH SHORES IMPROVEMENT ASSOCIATION

Principal Place of Business

Mailing Address

**120 MEADOW AVENUE
 ST. AUGUSTINE FL 32084
 US**

**120 MEADOW AVENUE
 ST. AUGUSTINE FL 32084
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**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

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 **PD** ☐ Delete
 NAME **BROWNING, VIVIAN**
 STREET ADDRESS **40 BEACHCOMBER WAY**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **USINA-MORSE, CATALINA**
 STREET ADDRESS **4090 MYRTLE ST.**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **SACHA MARTIN-CAROL ANN**
 STREET ADDRESS **133 COASTAL HOLLOW CIRCLE**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **GANZEL, NEAL**
 STREET ADDRESS **4369 PALM ST**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **DILBECK, ELAINE**
 STREET ADDRESS **128 OAK AVENUE**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **VD** ☐ Change ☒ Addition
 NAME **Charles Smith**
 STREET ADDRESS **211 Porpoise Point Drive**
 CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE **D** ☒ Delete
 NAME **BROTHERTON, LOLA**
 STREET ADDRESS **3125 COASTAL HIGHWAY**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Charlotte 1220**
 STREET ADDRESS **3rd Street, N. Beach**
 CITY-ST-ZIP **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 Usina-Morse
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Catalina Usina-Morse, pres. 4/25/02 904-824-9192
 Date Daytime Phone #

CR2E037 (9/01)