


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90017 006 ****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
P.O BOX 3411
SAINT AUGUSTINE, FL 32085 US

Ch# 1437 \$61.25



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

07082004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3593071

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, CHARLES KELLY
211 PORPOISE POINT DRIVE
ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name **SMITH, CHARLES KELLY**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charles Kelly Smith* DATE *8/8/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 8, 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 | PD | <input type="checkbox"/> Delete |
| NAME | SMITH, CHARLES | |
| STREET ADDRESS | 211 PORPOISE POINT DRIVE | |
| CITY-ST-ZIP | ST. AUGUSTINE, FL 32084 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | SMITH, VICTORIA | |
| STREET ADDRESS | 211 PORPOISE POINT DRIVE | |
| CITY-ST-ZIP | ST. AUGUSTINE, FL 32084 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | STEVANOVICH, JUDY | |
| STREET ADDRESS | 211 PORPOISE POINT DRIVE | |
| CITY-ST-ZIP | ST. AUGUSTINE, FL 32084 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | GANZEL, NEAL | |
| STREET ADDRESS | 4369 PALM ST | |
| CITY-ST-ZIP | ST. AUGUSTINE, FL 32084 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BROWNING, VIVIAN | |
| STREET ADDRESS | 40 BEACH COMRER WAY | |
| CITY-ST-ZIP | SAINT AUGUSTINE, FL 32084 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ANN MARTIN, SASHA CAROL | |
| STREET ADDRESS | 133 COMSTAL HOLLOW CIRCLE | |
| CITY-ST-ZIP | SAINT AUGUSTINE, FL 32084 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, CHARLES KELLY | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARTIN, SASHA Carol Ann | |
| STREET ADDRESS | 133 Coastal Hollow Circle | |
| CITY-ST-ZIP | St. Augustine, FL 32084 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 40 Beachcomber Way | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Sullivan, June | |
| STREET ADDRESS | 406 FIRST ST | |
| 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: *Carol Ann Sacha Martin* Date *8-11-04* Daytime Phone # *904-501-5545*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Attachment

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*Ch# 1437 \$61.25
54062545*



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|--|--|---|--|
| DOCUMENT # N07620 | | | |
| 1. Entity Name NORTH SHORES IMPROVEMENT ASSOCIATION | | | |
| Principal Place of Business 120 MEADOW AVENUE ST. AUGUSTINE, FL 32084 US | | Mailing Address P.O BOX 3411 SAINT AUGUSTINE, FL 32085 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | | Zip | |
| Country | | Country | |
| 4. FEI Number 59-3593071 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SMITH, CHARLES Kelly 211 PORPOISE POINT DRIVE ST. AUGUSTINE, FL 32084 | | Name Smith, Charles Kelly | |
| | | 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE <i>Charles Kelly Smith</i> | | DATE 8/8/04 | |
| (Signature, typed or printed name of registered agent and title if applicable.) | | (NOTE: Registered Agent signature required when reinstating.) | |
| Filing Fee is \$61.25 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 STREET ADDRESS CITY-ST-ZIP | PD SMITH, CHARLES 211 PORPOISE POINT DRIVE ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Bohning, William 153 Ferrol Rd St. Augustine, FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SMITH, VICTORIA 211 PORPOISE POINT DRIVE ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Delete <i>Past President + Director</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | U Usina-Morse, Catalina 4351 Palm ST St. Augustine, FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD STEVANOVICH, JUDY 211 PORPOISE POINT DRIVE ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Delete <i>Director + WebMaster</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | K Kilgallon, Michael 33 Zamora ST St. Augustine, FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GANZEL, NEAL 4369 PALM ST ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROWNING, VIVIAN 40 BEACH COMRER WAY SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANN MARTIN, SASHA CAROL 133 COMSTA HOLLOW CIRCLE SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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: <i>Carol Ann Sasha Martin</i> | | Date 8-11-04 Daytona Phone # 904-501-5545 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | <i>Secretary</i> | |