

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07620

FILED
Feb 05, 2010
Secretary of State

Entity Name: NORTH SHORES IMPROVEMENT ASSOCIATION

Current Principal Place of Business:

120 MEADOW AVENUE
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 3411
SAINT AUGUSTINE, FL 32085 US

New Mailing Address:

FEI Number: 59-3593071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, C. A. SACHA
133 COASTAL HOLLOW CIRCLE
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MARTIN, C.A. SACHA
Address: 133 COASTAL HOLLOW CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VD
Name: JENNESS, BARBARA
Address: 313 PORPOISE POINT DR
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: SD
Name: SULLIVAN, JUNE
Address: 406 FIRST ST
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: TD
Name: COOKE, WILLIAM
Address: 149 FERROL RD
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D
Name: BROWNING, VIVIAN
Address: 30 BEACHCOMBER WAY
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D
Name: COXE, WALTER
Address: 308 FIRST ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: C. A. SACHA MARTIN

PD

02/05/2010

Electronic Signature of Signing Officer or Director

Date