

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 12, 2003 8:00 am**  
**Secretary of State**

07-23-2003 90062 004 \*\*\*\*61.25

DOCUMENT # *NO 7620*

1. Entity Name

*NORTH SHORES IMPROVEMENT ASSOC*



**DO NOT WRITE IN THIS SPACE**

**55053986**

2. Principal Place of Business

*120 MEADOW AVENUE*

3. Mailing Address

*P.O. BOX 3411*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*ST. AUGUSTINE, FLORIDA*

City & State

*ST. AUGUSTINE, FL.*

4. FEI Number

*59-3593071*

Applied For

Not Applicable

Zip

*32084*

Country

*USA*

Zip

*32085*

Country

*USA*

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name *CHARLES S. SMITH*

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

*211 PORPOISE POINT DRIVE*

City

*ST. AUGUSTINE*

FL

Zip Code

*32084*

**DO NOT WRITE  
IN THIS SPACE**

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 K. Smith*

*CHARLES K. SMITH P.O. 8/10/03*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

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

ADDITIONS

TITLE *P.D.*  
NAME *CHARLES SMITH*  
STREET ADDRESS *211 PORPOISE POINT DRIVE*  
CITY-ST-ZIP *ST. AUGUSTINE, FL 32084*

TITLE *D.*  
NAME *JUNE SULLIVAN*  
STREET ADDRESS *406 FIRST STREET*  
CITY-ST-ZIP *ST. AUGUSTINE, FL 32084*

TITLE *V.D.*  
NAME *VICTORIA SMITH*  
STREET ADDRESS *211 PORPOISE POINT DRIVE*  
CITY-ST-ZIP *ST. AUGUSTINE, FL 32084*

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

TITLE *S.D.*  
NAME *JUDY STEVANOVICH*  
STREET ADDRESS *PORPOISE POINT DRIVE*  
CITY-ST-ZIP *ST. AUGUSTINE, FL 32084*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE *T.D.*  
NAME *NEAL GANZEL*  
STREET ADDRESS *4369 PALM STREET*  
CITY-ST-ZIP *ST. AUGUSTINE, FL 32084*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *D.*  
NAME *VIVIAN BROWNING*  
STREET ADDRESS *40 BEACH COMBER WAY*  
CITY-ST-ZIP *ST. AUGUSTINE, FL 32084*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *D.*  
NAME *SASHA CAROL ANN MARTIN*  
STREET ADDRESS *133 COASTAL HOLLOW CIRCLE*  
CITY-ST-ZIP *ST. AUGUSTINE, FL 32084*

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Victoria Smith* VICTORIA SMITH *vd. 8/10/03* *904-829-0316*

CR2E037B (12/02)