

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33087** (0)

1. Corporation Name

**HISTORIC DISTRICT-1 ASSOCIATION, INC.**



Principal Place of Business <b>58 HYPOLITA STREET ST AUGUSTINE FL 32084</b>	Mailing Address <b>58 HYPOLITA STREET ST AUGUSTINE FL 32084</b>	3. Date Incorporated or Qualified <b>06/30/1989</b>
		4. FEI Number <b>59-2953203</b>
		Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>305 ST. GEORGE ST.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>305 ST. GEORGE ST.</b> Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22 City & State 23 <b>St. Augustine, FL</b>	27 City & State 28 <b>St. Augustine, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 Zip <b>32084</b>	25 Country <b>St. Johns</b>	29 Zip <b>32084</b>
30 Country <b>St. Johns</b>	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>PACETTI, HILDEGARDE 58 HYPOLITA ST. ST AUGUSTINE FL 32084</b>	10. Name and Address of New Registered Agent 81 Name <b>PACETTI, HILDEGARDE</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>305 ST. GEORGE ST.</b> 83 84 City <b>St. Augustine</b> FL 85 Zip Code <b>32084</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Hildegard Pacetti (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PACETTI, HILDEGARDE</b>	1.2 NAME	
STREET ADDRESS	<b>305 ST GEORGE ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32084</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEMO, MARGARET</b>	2.2 NAME	
STREET ADDRESS	<b>63 MARINE ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32084</b>	2.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOUD, RICHARD</b>	3.2 NAME	<b>TD BARBARA LANE</b>
STREET ADDRESS	<b>256 ST. GEORGE ST.</b>	3.3 STREET ADDRESS	<b>103 MARINE ST.</b>
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32084</b>	3.4 CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32084</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MELLON, MICHELE</b>	4.2 NAME	<b>D William Moeller</b>
STREET ADDRESS	<b>306 ST GEORGE ST</b>	4.3 STREET ADDRESS	<b>224 ST. GEORGE ST.</b>
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	4.4 CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32084</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOW, KENNETH</b>	5.2 NAME	
STREET ADDRESS	<b>250 ST. GEORGE ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32084</b>	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Melinda STROCK</b>	6.2 NAME	<b>S Melinda STROCK</b>
STREET ADDRESS	<b>CHARLOTTE ST.</b>	6.3 STREET ADDRESS	<b>265 CHARLOTTE ST.</b>
CITY-ST-ZIP	<b>ST. AUG</b>	6.4 CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32084</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hildegard Pacetti Pres Date: May 12 1998 (904) 889-5263

CR2E037 (10/97)