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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33087

1. Corporation Name

HISTORIC DISTRICT-1 ASSOCIATION, INC.

Principal Place of Business

305 ST GEORGE ST
ST AUGUSTINE FL 32084
US

Mailing Address

305 ST GEORGE ST
ST AUGUSTINE FL 32084
US

246358 - 90030 - 33



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 c/o Hildegard Pacetti		06/30/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2953203	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		30	

9. Name and Address of Current Registered Agent

PACETTI, HILDEGARDE
305 ST GEORGE ST
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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	PACETTI, HILDEGARDE	1.2 NAME	
STREET ADDRESS	305 ST GEORGE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, BARBARA	2.2 NAME	
STREET ADDRESS	103 MARINE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROOK, MELINDA	3.2 NAME	
STREET ADDRESS	265 CHARLOTTE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOELLER, WILLIAM	4.2 NAME	Fagundo, Paul
STREET ADDRESS	224 ST GEROGE ST	4.3 STREET ADDRESS	15 Willow Drive
CITY-ST-ZIP	ST AUGUSTINE FL	4.4 CITY-ST-ZIP	St. Augustine Beach, FL 32084
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOW, KENNETH	5.2 NAME	Peter Van Meurs
STREET ADDRESS	250 ST. GEORGE ST.	5.3 STREET ADDRESS	3 Palm Row
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	5.4 CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Michele Bova
STREET ADDRESS		6.3 STREET ADDRESS	306 St. George St.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	St. Augustine, FL 32084

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

March 9, 1999 (904) 829-5262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

ATTACHMENT TO NONPROFIT CORP. ANNUAL REPORT 1999
DOCUMENT # N33087
HISTORIC DISTRICT-1 ASSOCIATION, INC.

246358-90030-35
N33087

Addition

7.1 TITLE D
7.2 NAME Eileen Clark
7.3 STREET 298 ST. GEORGE ST.
7.4 CITY-ST ST. AUGUSTINE, FL 32084

Hildegard Pacetti
HILDEGARDE PACETTI