

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 03, 2004 8:00 am
Secretary of State

09-03-2004 90003 047 ****61.25

DOCUMENT # N33087

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2953203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PACETTI, HILDEGARDE
305 ST GEORGE ST
ST AUGUSTINE FL 32084

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 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 checked="" type="checkbox"/> Delete
NAME	PACETTI, HILDEGARDE	
STREET ADDRESS	305 ST GEORGE ST	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LANE, BARBARA	
STREET ADDRESS	103 MARINE ST	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAGUNDO, PAUL	
STREET ADDRESS	15 WILLOW DRIVE	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOVA, MICHELE	
STREET ADDRESS	306 ST. GEORGE ST.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BAILEY, MARILYN	
STREET ADDRESS	11 BRIDGE ST.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	STROCK, GEORGE M	
STREET ADDRESS	265 CHARLOTTE ST	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACETTI, Hildegard	
STREET ADDRESS	305 St. George St.	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bova, Michele	
STREET ADDRESS	306 St. George St.	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bailey, Marilyn	
STREET ADDRESS	11 Bridge St.	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Strock, George M.	
STREET ADDRESS	265 Charlotte 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 *Hildegard Pacetti* Hildegard Pacetti (Pres./sec./D) 9-1-04 (904) 829-5262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #