

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2005 8:00 am**  
**Secretary of State**

07-08-2005 90024 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**

**50055304**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08302004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2953203**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**Filing Fee is \$61.25  
Due by September 8, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME PACETTI, HILDEGARDE ☐ Delete  
STREET ADDRESS 305 ST GEORGE ST  
CITY-ST-ZIP ST AUGUSTINE, FL 32084

TITLE P/S/D  
NAME Pacetti, Hildegard ☒ Change ☐ Addition  
STREET ADDRESS 305 St. George St.  
CITY-ST-ZIP St. Augustine, FL 32084

TITLE TD  
NAME LANE, BARBARA ☐ Delete  
STREET ADDRESS 103 MARINE ST  
CITY-ST-ZIP ST AUGUSTINE, FL 32084

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME FAGUNDO, PAUL ☐ Delete  
STREET ADDRESS 15 WILLOW DRIVE  
CITY-ST-ZIP ST AUGUSTINE, FL 32080

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME BOVA, MICHELE ☒ Delete  
STREET ADDRESS 306 ST. GEORGE ST.  
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE D  
NAME JAMES ZIMMERMAN ☐ Change ☒ Addition  
STREET ADDRESS 3 PALM ROW  
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE SD  
NAME BAILEY, MARILYN ☐ Delete  
STREET ADDRESS 11 BRIDGE ST  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE D  
NAME Bailey, MARILYN ☒ Change ☐ Addition  
STREET ADDRESS 11 Bridge St.  
CITY-ST-ZIP St. Augustine, FL 32084

TITLE D  
NAME STROCK, GEORGE M ☐ Delete  
STREET ADDRESS 265 CHARLOTTE ST  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE Y/D  
NAME Mike STROCK ☒ Change ☐ Addition  
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/HILDEGARDE Pacetti May 12, 2005 (904) 839-5962  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Pres./D/S