

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90024 019 ****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

1st MOORE

CR2E037 (10/05)

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, 2006

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

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

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

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

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

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

TITLE D
NAME ZIMMERMAN, JAMES
STREET ADDRESS 3 PALM ROW
CITY-ST-ZIP SAINT AUGUSTINE FL 32084 ☐ Delete

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Hildegarda Pacetti, PSD, 4-20-06 (904) 829-5262