

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33087

FILED
Sep 05, 2009
Secretary of State

Entity Name: HISTORIC DISTRICT-1 ASSOCIATION, INC.

Current Principal Place of Business:

305 ST GEORGE ST
ST AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

305 ST GEORGE ST
ST AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-2953203 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PACETTI, HILDEGARDE
305 ST GEORGE ST
ST AUGUSTINE, FL 32084 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: PACETTI, HILDEGARDE
Address: 305 ST GEORGE ST
City-St-Zip: ST AUGUSTINE, FL 32084

Title: TD () Delete
Name: LANE, BARBARA
Address: 103 MARINE ST
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D () Delete
Name: WHETSTONE, HENRY M SR
Address: 282 ST GEORGE ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D (X) Delete
Name: ZIMMERMAN, JAMES
Address: 3 PALM ROW
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VD () Delete
Name: STROCK, GEORGE M
Address: 265 CHARLOTTE ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: LOGAN, JEAN M
Address: 305 ST GEORGE ST
City-St-Zip: ST AUGUSTINE, FL 32084

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HILDEGARDE PACETTI

PRES

09/05/2009

Electronic Signature of Signing Officer or Director

Date