

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700159

Entity Name: THE ST. AUGUSTINE ART ASSOCIATION**Current Principal Place of Business:**22 MARINE ST
ST. AUGUSTINE, FL 32084**Current Mailing Address:**22 MARINE ST
ST. AUGUSTINE, FL 32084**FEI Number:** 59-0719524**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARR, RIGGS AND INGRAM LLC
1301 PLANTATION ISLAND DR.
SUITE 205A
ST. AUGUSTINE, FL 32080 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

Officer/Director Detail :

Title	PD
Name	BRADLEY, DIANE L
Address	144 CEDAR RIDGE CIR.
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	SD
Name	LASSITER, LORRI
Address	320 REDWING LN
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	D
Name	SNODGRASS, S. GARY
Address	712 OCEAN PALM WAY
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	DIRECTOR
Name	BURTIN, KAY
Address	285 SOUTH MATANZAS BLVD.
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	VD
Name	MADDOX, SANDY
Address	212 NORTH OCEAN TRACE RD
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	TD
Name	WOODRUFF, ANNE
Address	152 PARKSIDE DR.
City-State-Zip:	SAINT AUGUSTINE FL 32095

Title	D
Name	ROBBINS, DON
Address	6 SARAGOSSA ST.
City-State-Zip:	SAINT AUGUSTINE FL 32084

Title	DIRECTOR
Name	ROBBINS, DON
Address	6 SARAGOSSA ST.
City-State-Zip:	ST. AUGUSTINE FL 32084

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I hereby 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 all other like empowered.

SIGNATURE: DIANE BRADLEY**PRESIDENT****03/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SMITH, DONNA
Address 647 SHORES BLVD.
City-State-Zip: ST. AUGUSTINE FL 32086

Title DIRECTOR
Name STRAUSS, BARBARA
Address 826 SUMMER BAY DR.
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR
Name SNODGRASS, S. GARY
Address 712 OCEAN PALM WAY
City-State-Zip: ST. AUGUSTINE FL 32080