

**2024 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:**LESHANE CPA, PA  
44 SOUTH DIXIE HIGHWAY  
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:** GEOFF LESHANE

03/24/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           BRADLEY, DIANE L  
Address        431 SELOY DRIVE  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title            SECRETARY  
Name           URBANSKI, RITA  
Address        246 PARKWOOD CIR  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title            TREASURER  
Name           CRIST, CHUCK  
Address        343 ST GEORGE ST  
City-State-Zip: ST. AUGUSTINE FL 32084

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

Title            DIRECTOR  
Name           WEEKS, SCHAFER  
Address        14 WHITE ST. WEST  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            DIRECTOR  
Name           MASSON, WILLIAM  
Address        137 RIDGE LAKE RD.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title            DIRECTOR  
Name           ORLOSKY, JAN  
Address        65 ANASTASIA LAKE DR.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            DIRECTOR  
Name           COWAN, JUDI  
Address        3873 HICKORY LN  
City-State-Zip: ST. AUGUSTINE FL 32086

**Continues on page 2**

*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

03/24/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name RAKOV, ERIC  
Address 1019 GARRISON DR  
City-State-Zip: ST. AUGUSTINE FL 30292

Title DIRECTOR  
Name AVORY ST. JEAN, CATHERINE  
Address 2293 COMMODORES CLUB BLVD  
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR  
Name WOLF, THOMAS  
Address 111 LATERRA LINKS CIR. UNIT 202  
City-State-Zip: ST. AUGUSTINE FL 32092