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: WILLIAM COOKE	TREASURER	03/27/2014		

SIGNATURE: WILLIAM COOKE	
--------------------------	--

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N07620

Entity Name: NORTH SHORES IMPROVEMENT ASSOCIATION

## **Current Principal Place of Business:**

**120 MEADOW AVENUE** ST. AUGUSTINE, FL 32084

## **Current Mailing Address:**

P.O BOX 3411 SAINT AUGUSTINE, FL 32085 US

## FEI Number: 59-3593071

## Name and Address of Current Registered Agent:

COOKE, WILLIAM 149 FERROL RD ST. AUGUSTINE, FL 32084 US

FILED Mar 27, 2014 Secretary of State CC6251123370

Certificate of Status Desired: No

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	E: WILLIAM COOKE			03/27/2014		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	PD	Title	VP			
Name	SCHLEGEL, SAM	Name	CHAMBERLAIN, TISA			
Address	153 LAWN AVE	Address	COASTAL HWY			
City-State-Zip:	ST. AUGUSTINE FL 32084	City-State-Zip:	ST. AUGUSTINE FL 32084			
Title	SD	Title	TD			
Name	MARTIN, SACHA	Name	COOKE, WILLIAM			
Address	133 COASTAL HOLLOW CIRCLE	Address	149 FERROL RD			
City-State-Zip:	ST. AUGUSTINE FL 32084	City-State-Zip:	ST. AUGUSTINE FL 32084			
Title	D					
Name	DILBECK, ELAINE					
Address	128 OAK AV					
City-State-Zip:	SAINT AUGUSTINE FL 32084					

Date