

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COOKE, WILLIAM
149 FERROL RD
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: WILLIAM COOKE

02/23/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name SCHLEGEL, SAM
Address 153 LAWN AVE
City-State-Zip: ST. AUGUSTINE FL 32084

Title PRESIDENT
Name CHAMBERLAIN, TISA
Address COASTAL HWY
City-State-Zip: ST. AUGUSTINE FL 32084

Title SD
Name MARTIN, SACHA
Address 133 COASTAL HOLLOW CIRCLE
City-State-Zip: ST. AUGUSTINE FL 32084

Title TD
Name COOKE, WILLIAM
Address 149 FERROL RD
City-State-Zip: ST. AUGUSTINE FL 32084

Title D
Name DILBECK, ELAINE
Address 128 OAK AV
City-State-Zip: SAINT AUGUSTINE FL 32084

Title DIRECTOR
Name BRYAN, PAT
Address 217 RIVERSIDE LN
City-State-Zip: ST. AUGUSTINE FL 32084

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

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date