

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07620

**FILED**  
**Mar 21, 2014**  
**Secretary of State**  
**CC6506299672**

**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:** No

**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

03/21/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title VP  
Name JENNESS, BARBARA  
Address 313 PORPOISE POINT DR  
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 BROWNING, VIVIAN  
Address 30 BEACHCOMBER WAY  
City-State-Zip: SAINT 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**

03/21/2014

Electronic Signature of Signing Officer/Director Detail

Date