

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 07, 2004  
Secretary of State**

DOCUMENT# 706641

Entity Name: BAILEY'S BLUFF CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

2110 GULFVIEW DR (HOLIDAY 34691)  
P O BOX 103  
TARPON SPRINGS, FL 34688

**New Principal Place of Business:**

**Current Mailing Address:**

2110 GULFVIEW DR (HOLIDAY 34691)  
P O BOX 103  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

FEI Number: 59-1776288      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARRILL, J B  
3224 BLUFF BLVD  
HOLIDAY, FL 34691      US

**Name and Address of New Registered Agent:**

CACCIURRI, S  
3003 PINEVEIW DR  
HOLIDAY, FL 34691      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: SHARON CACCIURRI      08/07/2004  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: SCHWARTZ, DONALD  
Address: 2106 GULFVIEW DRIVE  
City-St-Zip: HOLIDAY, FL 34691

Title: D      ( ) Delete  
Name: DOWD, KIM  
Address: 3225 BLUFF BLVD  
City-St-Zip: HOLIDAY, FL 34691

Title: D      ( ) Delete  
Name: KELLER, GARY  
Address: 2107 GULFVIEW DRIVE  
City-St-Zip: HOLIDAY, FL 34691

Title: TD      ( ) Delete  
Name: CARLSON, DEBBIE  
Address: 2039 GULFVIEW DR  
City-St-Zip: HOLIDAY, FL 34691

Title: SD      ( ) Delete  
Name: DUNN, JUDY  
Address: 3201 BLUFF BLVD  
City-St-Zip: HOLIDAY, FL 34691

Title: VPD      ( ) Delete  
Name: ACKLEY, KATY  
Address: 3229 BLUFF BLVD  
City-St-Zip: HOLIDAY, FL 34691

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: KELLER, GARRY  
Address: 2107 GULFVIEW DRIVE  
City-St-Zip: HOLIDAY, FL 34691

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: MARK, AUGUSTIN  
Address: 2022 GULFVIEW DR  
City-St-Zip: HOLIDAY, FL 34691

Title: TD      (X) Change ( ) Addition  
Name: SHARON, CACCIURRI  
Address: 3003 PINEVIEW DR  
City-St-Zip: HOLIDAY, FL 34691

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHARON CACCIURRI      TD      08/07/2004  
Electronic Signature of Signing Officer or Director      Date