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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90199 006 \*\*\*\*61.25

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**DOCUMENT # 716031**

1. Corporation Name

**BROADWATER CIVIC ASSOCIATION, INC.**

Principal Place of Business

% TERRY LOGAN  
3785 42ND AVE. SO.  
ST.PETERSBURG FL 33711

Mailing Address

% TERRY LOGAN  
3785 42ND AVE. SO.  
ST.PETERSBURG FL 33711



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/11/1969

4. FEI Number

59-1635026

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

LOGAN, TERRY  
3785 42ND AVE. SO.  
ST PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS WARDLUM, BETH  
CITY-ST-ZIP 4394 48TH AVE. SO  
ST PETERSBURG FL

TITLE ☒ DELETE

NAME 2VPD  
STREET ADDRESS GIEO, JOE  
CITY-ST-ZIP 4531 44TH STREET SO.  
ST PETERSBURG FL

TITLE ☒ DELETE

NAME VD  
STREET ADDRESS BRADSHAW, KARLYN  
CITY-ST-ZIP 4501 37TH ST. SOUTH  
ST PETERSBURG FL

TITLE ☐ DELETE

NAME TD  
STREET ADDRESS LOGAN, TERRY  
CITY-ST-ZIP 3785 42ND AVE. S.  
ST PETERSBURG FL 33711

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME IVP  
STREET ADDRESS ANDO, TOM  
CITY-ST-ZIP 4172 41ST STREETS.  
ST. PETE FL. 33711

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME 2VP  
STREET ADDRESS BILL PROTL  
CITY-ST-ZIP 4400 44TH STREETS.  
ST. PETE FL. 33711

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE RECOVERED LOGAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/99  
Date

727-864-3188  
Daytime Phone #

CR2E037 (11/98)