

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90036 002 \*\*\*\*61.25

**DOCUMENT # 716031**

1. Entity Name  
**BROADWATER CIVIC ASSOCIATION, INC.**



Principal Place of Business  
**4380 43RD ST. SOUTH  
ST. PETERSBURG, FL 33711**

Mailing Address  
**4380 43RD ST. SOUTH  
ST. PETERSBURG, FL 33711**

**50015899**



2. Principal Place of Business  
**4416-46th Ave S.**  
Suite, Apt. #, etc.

3. Mailing Address  
**4416-46th Ave S**  
Suite, Apt. #, etc.

01182005 Chg-NP CR2E037 (10/03)

City & State  
**ST Petersburg, FL**  
Zip  
**33711**  
Country  
**Pinellas**

City & State  
**ST. Petersburg FL**  
Zip  
**33711**  
Country  
**Pinellas**

4. FEI Number  
**59-1635026**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JAMES DAVIS  
4380 43RD. ST. SOUTH  
ST PETERSBURG, FL 33711**

7. Name and Address of New Registered Agent

Name **Evelyn Hill**  
Street Address (P.O. Box Number is Not Acceptable)  
**4416-46th Ave. S**  
City **ST. Petersburg** FL Zip Code **33711**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **James C Davis**  
(Signature, typed or printed name of registered agent and title if applicable.)

**Evelyn Hill**  
(NOTE: Registered agent signature required when reinstating)

**2-6-05**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
FLAHERTY, PENNY  
4490 38TH WAY S  
SAINT PETERSBURG, FL 33711** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1VP  
ANDO, TOM  
4172 41ST STREETS  
ST PETERSBURG, FL 33711** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S/D  
WARDUM, ANN  
4101 40TH WAY SOUTH  
ST PETERSBURG, FL 33711** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
DAVIS, JIM  
4380 43RD STREET SOUTH  
ST PETERSBURG, FL 33711** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR  
Doug Fuller  
4380 46th Ave S.  
ST Petersburg, FL 33711** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY  
MARILYN FRANK  
4310-40th ST. S.  
ST Petersburg, FL 33711** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer  
Evelyn Hill  
4416-46th Ave S  
ST. Petersburg FL 33711** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Evelyn Hill**  
(Signature and typed or printed name of signing officer or director)

**2-6-05 (727-864-4188)**  
Date Daytime Phone #