2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 716031 1. Entity Name BROADWATER CIVIC ASSOCIATION, INC.					02-16-200	05 90036 002	· ****	51.25	
Principal Place of Business 4380 43RD ST. SOUTH ST.PETERSBURG, FL 33711 Mailing Address 4380 43RD ST. SOUTH ST.PETERSBURG, FL 33711 ST.PETERSBURG, FL 33711			11		,	50015	5899	}	
Principal Place of Business 3. Mailing Address									
4416-46- Ave. 5. Suite, Api. #, etc.		4416-46-Aue 5 Suite, Apt. #, etc.		01182005	01182005 Chg-NP CR2E037 (10/03)				
City & State	tensbung Fl.	City & State 57. Petersburg	F1.	4. FEI Numbe 59-163				olied For Applicable	
Zip Country 33711 Pinellas		Zip 33711	Country Pijvella				S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent					
JAMES DAVIS				Evelyn H	: //				
4380 43RD. ST. SOUTH ST PETERSBURG, FL 33711				ddress (PO. Box Number 14416 - 46		^(e) 5	 		
City 57. A				T. Petershu		FL Z	rip Code	7//	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	registered agent, or bo	k, in the State of Fl	lorida. I am familia	ar with, e	and accept	
SIGNATURE Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent angular department required when reinstating) DATE									
	Signatuje, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	legigered PODNi eignes.	ure required when reinstating)		UMIE .			
	Filling Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May B Added to Fees	Flo	ilake check pay rida Departmen	nt of Sta		
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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: .

AND THE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-05 (727-864-4188)