

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90050 027 ****70.00

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1. Entity Name

VIEUX CARRE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

16105 N FLORIDA SUITE A
LUTZ FL 33549
US

Mailing Address

16105 N FLORIDA SUITE A
LUTZ FL 33549
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1607381

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIVEY, WILLIAM C
16105 N FLORIDA SUITE A
LUTZ FL 33549

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	D	<input type="checkbox"/> Delete
NAME	BOWNS, KATHRYN	
STREET ADDRESS	4423 VIEUX CARRE CIR	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MCNEIL, KEITH	
STREET ADDRESS	4413 VIEUX CARRE CIR.	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BROWNING, ERIN	
STREET ADDRESS	4455 VIEUX CARRE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PELTZ, WAYNE	
STREET ADDRESS	4431 VIEUX CARRE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RHERT, LYNDA A	
STREET ADDRESS	4401 VIEUX CARRE CIR.	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRETO-RODAS, RICHARD	
STREET ADDRESS	4483 VIEUX CARRE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHEA, LYNDA	
STREET ADDRESS	4401 VIEUX CARRE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Lynda D. Rhea **SD** **LYNDA D. RHEA** 3-9-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #