


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90323 008 ****61.25

DOCUMENT # 732588 1. Entity Name ENVOY POINT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5901 SUN BLVD. SUITE 200 ST PETERSBURG, FL 33715 US			Mailing Address 5901 SUN BLVD. SUITE 200 ST PETERSBURG, FL 33715 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 59-1724179	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RESOURCE PROPERTY MANAGEMENT 5901 SUN BLVD. SUITE 200 ST. PETERSBURG, FL 33715				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCKLEY, BOB		NAME		
STREET ADDRESS	7100 SUNSET WAY #705W		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NESPER, JIM		NAME		
STREET ADDRESS	88 HALSON PARKWAY E.		STREET ADDRESS		
CITY-ST-ZIP	AMHERST, NY 14051		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAREA, CLAUDE		NAME		
STREET ADDRESS	7100 SUNSET WAY #1212		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCRIVENER, MARSHA		NAME		
STREET ADDRESS	7100 SUNSET WAY #203 WEST		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG BEACH, FL 33706		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GENTRY, GILBERT		NAME		
STREET ADDRESS	7100 SUNSET WAY #501 W		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Robert Buckley</i> Robert Buckley <i>3/30/04</i> <i>727 360 9224</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					