

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

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90330 039 \*\*\*\*61.25

**DOCUMENT # 734377**

1. Entity Name

**THE FRIENDLY NATIVE BEACH RESORT CONDOMINIUM, INC.**



Principal Place of Business

6700 SUNSET WAY  
ST PETERSBURG BEACH FL 33706-2053

Mailing Address

6700 SUNSET WAY  
ST PETERSBURG BEACH FL 33706-2053

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1656341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

HURLEY, J. K  
6700 SUNSET WAY  
ST PETERSBURG BEACH FL 33706

7. Name and Address of New Registered Agent

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 registering)

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 PD ☐ Delete  
NAME VICKERS, LARRY  
STREET ADDRESS 640 VALLEY FORCE RD  
CITY-ST-ZIP COOKEVILLE TN

TITLE VD ☐ Delete  
NAME RAAB, RICHARD  
STREET ADDRESS 2263 WEST LIBERTY  
CITY-ST-ZIP ANN ARBOR MI

TITLE SD ☐ Delete  
NAME ALMERICO, MARJORIE  
STREET ADDRESS 807 W INDIANA AVE.  
CITY-ST-ZIP TAMPA FL

TITLE TD ☐ Delete  
NAME GARCIA, DULCE MARIA V  
STREET ADDRESS 4808 DARBY AVE.  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete  
NAME SWENSON, GLENN  
STREET ADDRESS 3521-6TH AVE., N.  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ Delete  
NAME MARTINEZ A G  
STREET ADDRESS 908 W VIRGINIA AVE  
CITY-ST-ZIP TAMPA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ 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: Dulce Maria V. Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04

Date

(813) 872-0350

Daytime Phone #