# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2004**
**Secretary of State**

DOCUMENT# N02174

**Entity Name:** THE TIKI BAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6504 SURFSIDE BLVD
UNIT 7
APOLLO BCH, FL 33572 US

**New Principal Place of Business:**

**Current Mailing Address:**

6504 SURFSIDE BLVD
UNIT 7
APOLLO BCH, FL 33572 US

**New Mailing Address:**

**FEI Number: 59-2413683** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WITSIL, R L
6504 SURFSIDE BLVD
UNIT 7
APOLLO BEACH, FL 33572

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete
Name: WITSIL, ROBERT L
Address: 6504 SURFSIDE BLVD #7
City-St-Zip: APOLLO BEACH, FL 33572

Title: SD ( ) Delete
Name: LEE, DIANE
Address: 6504 SURFSIDE BLVD #6
City-St-Zip: APOLLO BEACH, FL 33572

Title: VD ( ) Delete
Name: LEE, NEAL
Address: 6504 SURFSIDE BLVD, #6
City-St-Zip: APOLLO BEACH, FL 33572

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: MORRITTS, RENE
Address: 6504 SURFSIDE BLVD #5
City-St-Zip: APOLLO BEACH, FL 33572

Title: VD (X) Change ( ) Addition
Name: KINCART, ROB
Address: 6504 SURFSIDE BLVD, #2
City-St-Zip: APOLLO BEACH, FL 33572

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R L WITSIL TD 04/21/2004

Electronic Signature of Signing Officer or Director — Date