
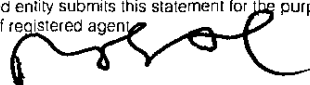
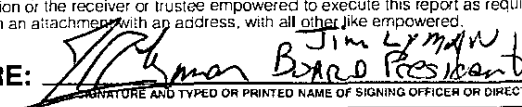


FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90496 024 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N92000000154 1. Entity Name BIARRITZ VILLAGE ASSOCIATION, INC.					
Principal Place of Business 4104 WEST LINEBAUGH AVENUE STE 201 TAMPA, FL 33624		Mailing Address 4131 GUNN HIGHWAY TAMPA, FL 33624			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3171749	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENACRE PROPERTIES, INC 4131 GUNN HIGHWAY TAMPA, FL 33624				7. Name and Address of New Registered Agent Name Robert Tankel Street Address (P.O. Box Number is Not Acceptable) 1022 Main Street, Ste D Dunedin City FL Zip Code 34698	
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)</small>				DATE 4/2/04	
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 D <input checked="" type="checkbox"/> Delete NAME OGLE, CHARLES R STREET ADDRESS 18934 AVENUE BIARRITZ CITY-ST-ZIP LUTZ, FL 33558	TITLE Vincent McNally D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 18802 Avenue Biarritz STREET ADDRESS Lutz, FL 33558 CITY-ST-ZIP				
TITLE PD <input type="checkbox"/> Delete NAME LYMAN, JIM STREET ADDRESS 18904 AVENUE BIARRITZ CITY-ST-ZIP LUTZ, FL 33558	TITLE Linda Snider <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME 18933 Avenue Biarritz STREET ADDRESS Lutz, FL 33558 CITY-ST-ZIP				
TITLE SD <input type="checkbox"/> Delete NAME FRIMMER, LYNNETTE STREET ADDRESS 18808 PLACE ANTIBES CITY-ST-ZIP LUTZ, FL 33549	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE TD <input type="checkbox"/> Delete NAME WAKELAND, CINDY STREET ADDRESS 18904 PLACE MARQUETTE CITY-ST-ZIP LUTZ, FL 33558	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE D <input type="checkbox"/> Delete NAME TOMLINSON, JOE STREET ADDRESS 18927 AVENUE BIARRITZ CITY-ST-ZIP LUTZ, FL 33558	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE VPD <input checked="" type="checkbox"/> Delete NAME MCNALLY, VINCENT STREET ADDRESS 18802 AVE. CITY-ST-ZIP LUTZ, FL 33549	TITLE Harry Kautman VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 18920 place Marquette STREET ADDRESS Lutz, FL 33558 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 03/18/04 Daytime Phone # 813948 0131	