


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90036 046 ****61.25

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 4131 Gunn Highway		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State	
4. FEI Number 59-3171749		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TANKEL, ROBERT 1022 MALN STREET STE D DUNEDIN, FL 34698		7. Name and Address of New Registered Agent	
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 _____		DATE _____	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: MCNALLY, VINCENT STREET ADDRESS: 18802 AVENUE BIARNITZ CITY-ST-ZIP: LUTZ, FL 33558	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: Martin, Don STREET ADDRESS: 18816 Place Antibes CITY-ST-ZIP: Lutz, FL 33558	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: LYMAN, JIM STREET ADDRESS: 18904 AVENUE BIARRITZ CITY-ST-ZIP: LUTZ, FL 33558	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: Harrold, Tricia STREET ADDRESS: 18930 Avenue Biarritz CITY-ST-ZIP: Lutz, FL 33558	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: FRIMMER, LYNETTE STREET ADDRESS: 18808 PLACE ANTIBES CITY-ST-ZIP: LUTZ, FL 33549	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: Weill, Mike STREET ADDRESS: 18922 Place Marquette CITY-ST-ZIP: Lutz, FL 33558	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: WAKELAND, CINDY STREET ADDRESS: 18904 PLACE MARQUETTE CITY-ST-ZIP: LUTZ, FL 33558	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: Rauch, Eric STREET ADDRESS: 18901 Avenue Biarritz CITY-ST-ZIP: Lutz, FL 33558	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: TOMLINSON, JOE STREET ADDRESS: 18927 AVENUE BIARRITZ CITY-ST-ZIP: LUTZ, FL 33558	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: Trekorian, Mark STREET ADDRESS: 18908 Place Marquette CITY-ST-ZIP: Lutz, FL 33558	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: KAULMAN, LARRY STREET ADDRESS: 18920 PLACE MARGUERTA CITY-ST-ZIP: LUTZ, FL 33558	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Kaufman, Larry STREET ADDRESS: 18920 Place Marquette CITY-ST-ZIP: Lutz, FL 33558	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Donald J. Martin</u>		DONALD J. MARTIN 2/23/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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Make check payable to Florida Department of State

813-948-8790