


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90025 014 ****61.25

DOCUMENT # N96000002727 1. Entity Name CIVIC ASSOCIATION OF PORT TAMPA CITY, INC.					
Principal Place of Business 4902 COMMERCE PORT TAMPA CITY, FL 33616			Mailing Address P O BOX 19411 PORT TAMPA CITY, FL 33686-9411		
2. Principal Place of Business 4701 Lancaster		3. Mailing Address 			
Suite, Apt. #, etc. F		Suite, Apt. #, etc. 			
City & State Port Tampa City, FL		City & State 			
Zip 33616		Country USA		Zip 	
Country 		Zip 		Country 	
6. Name and Address of Current Registered Agent HARRISON, SHAREN 6815 SOUTH TRASK PORT TAMPA CITY, FL 33616				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 NAME STREET ADDRESS CITY-ST-ZIP	P BUFORD, JILL 6904 S FITZGERALD PORT TAMPA CITY, FL 336161810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Davis, Scott Paul 4230 S. MacDill Ave., Suite F Tampa, FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Exempt 119-07(3)(i)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VENTO, TOM 4701 INGRAHAM ST PORT TAMPA CITY, FL 33616	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/M Margaret Hamrick 4718 Idaho St. Port Tampa City, FL 33616	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAMRICK, MARGARET 4718 IDAHO ST PORT TAMPA CITY, FL 336161810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kendra Rumbough Davis 777 S. Harbour Island Blvd. # 255 Tampa, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Exempt 119-07(3)(i)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONTERIO, LIANNE 4708 W IDAHO ST PORT TAMPA CITY, FL 336161810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kevin Dwyer 6904 S. Fitzgerald Port Tampa City, FL 33616	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, RAY 6205 S DALE MABRY HWY TAMPA, FL 33611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vernon T. Clark c/o P O Box 19411 Port Tampa City, FL 33686	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Exempt 119-07(3)(i)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTISS, CAROL P.O. BOX 19304 PORT TAMPA CITY, FL 33686	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lara Sill Buford 6904 S. Fitzgerald Port Tampa City, FL 33616	<input type="checkbox"/> Change <input checked="" 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>Scott Paul Davis</u> Scott Paul Davis 2 March 04 813 832 3408 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					