

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

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

04-12-2004 90685 037 \*\*\*\*61.25

**DOCUMENT # N98000001559**

1. Entity Name  
**MUTINY ON THE BAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**2951 SOUTH BAYSHORE DRIVE  
 COCONUT GROVE FL 33133**

Mailing Address  
**2951 SOUTH BAYSHORE DRIVE  
 COCONUT GROVE FL 33133**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0826948** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



04001103



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent  
**PROVIDENT MANAGEMENT CORPORATION  
 1700 MCMULLEN-BOOTH RD  
 STE 8-5  
 CLEARWATER FL 33759**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**107 Hampton Road, Suite 100**  
 City **Clearwater** FL Zip Code **33759**

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUNCAR, EDWARD 2951 SOUTH BAYSHORE DRIVE MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD LOPEZ, RAMON 2951 S BAYSHORE DRIVE MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEWART, JOEL 2951 SOUTH BAYSHORE DRIVE MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Edward Kuncar **EDWARD KUNCAR** Date 4/1/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #