

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

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90018 028 \*\*\*\*61.25

<b>DOCUMENT # 733355</b> 1. Entity Name <b>PENTHOUSE GREENS - THE FAIRWAY ASSOCIATION, INC</b>					
Principal Place of Business <b>225 COUNTRY CLUB DR BUILDING F LARGO FL 33771 US</b>			Mailing Address <b>225 COUNTRY CLUB DR BUILDING F LARGO FL 33771 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1811224</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WEISBERG, BETTY</b> <b>225 COUNTRY CLUB DRIVE</b> <b>#1206F</b> <b>LARGO FL 33771</b>				Name <b>CAROL MILLER, PRES.</b> Street Address (P.O. Box Number is Not Acceptable) <b>225 COUNTRY CLUB DR, F1211</b> City <b>LARGO</b> <b>FL</b> Zip Code <b>33771</b>	
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 <i>Carol M. Miller</i> <span style="float: right;">2/25/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAPERA, WM		NAME		
STREET ADDRESS	225 COUNTRY CLUB DR #1212		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33771		CITY-ST-ZIP		
TITLE	MUNZ, SHIRLEY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	225 COUNTRY CLUB DR #1408		NAME		
STREET ADDRESS	LARGO FL 33771		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARRETT, SADIE		NAME		
STREET ADDRESS	225 COUNTRY CLUB DR #1502		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33771		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIRK, BOB		NAME	<b>MORRIS SAMUEL</b>	
STREET ADDRESS	225 COUNTRY CLUB DR. #1109		STREET ADDRESS	<b>225 COUNTRY CLUB DR, F1301</b>	
CITY-ST-ZIP	LARGO FL 33771		CITY-ST-ZIP	<b>LARGO, FL 33771</b>	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, CAROL		NAME	<b>WEISBERG, BETTY</b>	
STREET ADDRESS	225 COUNTRY CLUB DR #1211		STREET ADDRESS	<b>225 COUNTRY CLUB DR, #F1206</b>	
CITY-ST-ZIP	LARGO FL 33771		CITY-ST-ZIP	<b>LARGO, FL 33771</b>	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRENNAN, JUNE		NAME		
STREET ADDRESS	225 COUNTRY CLUB DR #1306		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33771		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: <i>Carol M. Miller</i> <span style="float: right;">2/25/04</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					