

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747717

FILED
Apr 30, 2004
Secretary of State**Entity Name:** THE INTREPID CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**9445 BLIND PASS ROAD
ST. PETE BEACH, FL 33706**New Principal Place of Business:****Current Mailing Address:**9445 BLIND PASS ROAD
ST. PETE BEACH, FL 33706**New Mailing Address:****FEI Number:** 59-2071969**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SMITH, BRIAN K.
10033 9TH STREET N
ST. PETERSBURG, FL 337160805**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOSSIN, FRAN
Address: 10033 9TH ST N
City-St-Zip: ST. PETERSBURG, FL 337163804

Title: VPD () Delete
Name: JOAS, RICHARD
Address: 10033 9TH ST N
City-St-Zip: ST. PETERSBURG, FL 337163804

Title: TD () Delete
Name: SKLET, ANTHONY
Address: 10033 9TH ST N
City-St-Zip: ST. PETERSBURG, FL 337163804

Title: SD () Delete
Name: BRUSKY, DONALD
Address: 10033 9TH ST N
City-St-Zip: ST. PETERSBURG, FL 337163804

Title: D (X) Delete
Name: ELINOR, FAITH
Address: 10033 9TH ST N
City-St-Zip: ST. PETERSBURG, FL 337163804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: ELINOR, FAITH
Address: 10033 9TH ST N
City-St-Zip: ST. PETERSBURG, FL 337163804

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRAN DOSSIN

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date