

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

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90452 038 ****61.25

DOCUMENT # 723116

1. Entity Name

**BOCA CIEGA POINT EAST NINE CONDOMINIUM
CORPORATION, INC**



Principal Place of Business

**PORATION, INC
275 BOCA CIEGA POINT BLVD
ST. PETERSBURG FL 33708**

Mailing Address

**PORATION, INC
275 BOCA CIEGA POINT BLVD
ST. PETERSBURG FL 33708**

24073413



MOORE

CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1561103

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEDERATION OF BOCA CIEGA PT CONDO, INC.
275 BOCA CIEGA POINT BLVD
ST. PETERSBURG FL 33708**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE PD ☐ Delete
NAME DEMING, HAZEL
STREET ADDRESS 275 BOCA CIEGA PT BLVD
CITY-ST-ZIP ST. PETERSBURG FL 33708

TITLE VPD ☐ Delete
NAME MAGILSKI, CLAIRE
STREET ADDRESS 275 BOCA CIEGA PT. BLVD.
CITY-ST-ZIP ST. PETERSBURG FL 33708

TITLE SD ☐ Delete
NAME EDITH WURSTER
STREET ADDRESS 275 BOCA CIEGA PT. BLVD
CITY-ST-ZIP ST. PETERSBURG FL 33708

TITLE TD ☐ Delete
NAME HAUGE, MAUREEN
STREET ADDRESS 275 BOCA CIEGA PT. BLVD
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edith Wurster **EDITH WURSTER** 4/9/04 727-398-1270

Date

Daytime Phone #