

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 759794

1. Entity Name
PIER HOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**20019 GULF BLVD
INDIAN SHORES, FL 33785 US**

Mailing Address
**P. O. BOX 391
INDIAN ROCKS BEACH, FL 33785 US**



01172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2320737

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PACINI, JOHN A
20019 GULF BOULEVARD
SUITE 10
INDIAN SHORES, FL 33785**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000201001
01/28/05-80049-011 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
PACINI, JOHN A
20019 GULF BLVD., #10
INDIAN SHORES, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
ZIDE, LAURIE A
20019 GULF BLVD #8
INDIAN SHORES, FL 33785**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
EVANS, ALTON
20019 GULF BLVD. #1
INDIAN SHORES, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: ALTON EVANS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-05 727-596-3560

Date

Daytime Phone #