## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Mar 05, 2004 8:00 am Secretary of State **DOCUMENT #710555** BAY PINES ESTATES CIVIC ASSOCIATION, INC. 03-05-2004 90022 020 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 4004 P.O. BOX 4004 BAY PINES, FL 33744 BAY PINES, FL 33744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012004 Cha-NP CR2E037 (10/03) City & State 4. FEI Number 59-2773650 Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent B. Name and Address of Current Registered Agent Name MORGAN, DAN Street Address (P.O. Box Number is Not Acceptable) 9762 54 AVENUE NORTH SAINT PETERSBURG, FL 33708 City 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 DATE (NOTE: Registered Agent signsture required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Addition TITLE Delete SANDLEBEN, LINDA MARKE NAME STREET ADDRESS 9875 49 AV NO STREET ADDRESS ST PETERSBURG, FL 33708 CITY-ST-ZIP CITY-ST-ZIP Delete TITI F ☐ Change **Addition** LILIES, JAN NAME NAME STREET ADDRESS STREET ADDRESS 9836 48TH AVE. N. CSTY\_ST\_7/P CITY-51-7IP ST PETERSBURG, FL ☐ Change ■ Addition Delete TITLE TITI F WINTERS, JO R NAME 9799 53 AV NO STREET ADORESS STREET ADDRESS SAINT PETERSBURG, FL 33708 CITY-ST-ZIP CITY-ST-ZIP mle. - Delete Change ■ Addition **BUTLER, MARY** NAME NAME 6252-99TH WAY N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL CITY-ST-7IP ☐ Delete ☐ Change ■ Addition TITLE ПΠЕ MORGAN, DANIEL NAME STREET ADDRESS 9762 54 AVENUE N STREET ADDRESS SAINT PETERSBURG, FL 33708 CFTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS 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:

FILED