2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#712559

FILED Jan 25, 2005 Secretary of State

Entity Name: BEACH PARK ISLES CIVIC ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 18932 TAMPA, FL 33679 US **Current Mailing Address: New Mailing Address:** P.O. BOX 18932 18932 TAMPA, FL 33679 US FEI Number: 00-0049416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GASSLER, FRANK H FOUR AKER, BRADLEY 4907 W. BAY WAY DRIVE 4905 W. BAY WAY DRIVE TAMPA, FL 33629 TAMPA, FL 33629 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: BRADLEY FOURAKER 01/25/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FOURAKER, BRADLEY D Name: Name: 4905 W BAYWAY DRIVE Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: () Delete Title: () Change () Addition HAMBRICK, MARION Name: Name: Address: 4952 WEST BAY WAY DRIVE Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: () Delete Title: PD (X) Change () Addition SCHON, RON Name: SCHON, RON Name: 4935 WEST BAY WAY DRIVE 4935 WEST BAY WAY DRIVE Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33629 Title: VPD () Delete Title: () Change () Addition Name: ALTEMOSE, KAREN Name: 4906 W RAYWAY PLACE Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: () Delete Title: () Change () Addition OSIASON, MIMI Name: Name: 4931 BAYWAY PL Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: () Delete Title: (X) Change () Addition GLASSER, FRANK GLASSER, FRANK Name: Name: Address: 4907 WAYWAY DRIVE Address: 4907 WAYWAY DRIVE TAMPA, FL 33629 TAMPA, FL 33629 City-St-Zip: 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: BRADLEY FOURAKER TRES 01/25/2005