

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712559

FILED
Jan 08, 2008
Secretary of State

Entity Name: BEACH PARK ISLES CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 18932
TAMPA, FL 33679 US

New Principal Place of Business:

4953 BAY WAY DRIVE
TAMPA, FL 33629 US

Current Mailing Address:

P.O. BOX 18932
18932
TAMPA, FL 33679 US

New Mailing Address:

FEI Number: 00-0049416 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VIJAYANAGAR, KATHLEEN M
4953 W. BAY WAY DRIVE
TAMPA, FL 33629 US

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: TD () Delete
Name: VIJAYANAGAR, KATHLEEN M
Address: 4953 W BAY WAY DRIVE
City-St-Zip: TAMPA, FL 33629

Title: SD () Delete
Name: FASS, TOM
Address: 4932 WEST BAY WAY DRIVE
City-St-Zip: TAMPA, FL 33629

Title: PD () Delete
Name: SCHON, RON
Address: 4935 WEST BAY WAY DRIVE
City-St-Zip: TAMPA, FL 33629

Title: VPD () Delete
Name: WESTRA, PIER
Address: 4906 W. BAY WAY PLACE
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: FOURAKER, BRADLEY D
Address: 4905 W.BAY WAY PLACE
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: BRAND, LEE
Address: 4946 W. BAY WAY DRIVE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 exemption stated in Chapter 119, 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: KATHLEEN M. VIJAYANAGAR

TD

01/08/2008

Electronic Signature of Signing Officer or Director

Date