
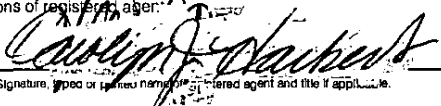
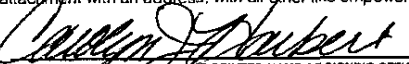


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90020 002 \*\*\*\*61.25

04033849

<b>DOCUMENT # 712981</b>					
1. Entity Name <b>CULBREATH ISLES PROPERTY OWNERS ASSOCIATION, INC</b>					
Principal Place of Business 4131 GUNN HWY. TAMPA, FL 33624			Mailing Address 4131 GUNN HWY. TAMPA, FL 33624		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1382856	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
GETZ, ALLEN LCAM GREENACRE PROPERTIES, INC. 4131 GUNN HIGHWAY TAMPA, FL 33624				12a Title: Ted Taub Street: Shumaker, Loop & Kendrick 101 East Kennedy Blvd. Suite 2800 City: Tampa, FL 33602 State: <u>LLP</u> Zip: Country: p 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: 					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARBERT, CAROLYN		NAME		
STREET ADDRESS	4908 LYFORD CAY RD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE	VPT	<input checked="" type="checkbox"/> Delete	TITLE	Chibani, Saade	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOWELL, DAVID		NAME	4928 St. Croix	
STREET ADDRESS	4905 NEW PROVIDENCE		STREET ADDRESS	Tampa, FL 33629	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, BILL		NAME		
STREET ADDRESS	4920 NEW PROVIDENCE RD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, BEN		NAME		
STREET ADDRESS	4923 ST CROIX		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Stowell, David (TD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIBANI, SAADE		NAME	4905 New Providence	
STREET ADDRESS	4928 ST CROIX		STREET ADDRESS	Tampa, FL 33629	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, BRIAN		NAME	Hulse, Ron	
STREET ADDRESS	4901 LYRFORD CAY RD		STREET ADDRESS	4912 Lyford Cay Road	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	Tampa, FL 33629	
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:  PRESIDENT 4/08/04 813 286 2526 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					