

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90048 039 \*\*\*\*61.25

**DOCUMENT # 712981**

1. Entity Name  
**CULBREATH ISLES PROPERTY OWNERS  
ASSOCIATION, INC**



Principal Place of Business  
**4131 GUNN HWY.  
TAMPA, FL 33624**

Mailing Address  
**4131 GUNN HWY.  
TAMPA, FL 33624**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**59-1382856**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TAUB, TED  
SHUMAKER, LOOP & KENDRICK  
1001 E KENNEDY BLVD, STE. 2800  
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

**FRANCIS E. FRISLIA  
Meirose & Friscia, P.A.  
5550 W. Executive Dr, Ste. 250  
Tampa, FL 33609**

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 or from a 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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **HARDIN, JOHN**  
STREET ADDRESS **4931 ST. CROIX**  
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **VPT P** ☐ Delete  
NAME **SASDE, CHIBANI**  
STREET ADDRESS **4928 ST. CROIX**  
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **D** ☐ Delete  
NAME **JOHNSON, ROBERT**  
STREET ADDRESS **1601 CULBREATH ISLES DR S**  
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **D** ☐ Delete  
NAME **RINKER, CHRIS**  
STREET ADDRESS **4911 NEW PROVIDENCE**  
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **D** ☐ Delete  
NAME **HULSE, RON**  
STREET ADDRESS **4912 LYFORD CAY RD.**  
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Change ☐ Addition  
NAME **Rinker, Christopher**  
STREET ADDRESS **4911 New Providence**  
CITY-ST-ZIP **Tampa, FL 33629**

TITLE **T** ☒ Change ☐ Addition  
NAME **Johnson, Robert**  
STREET ADDRESS **1601 Culbreath Isles Drive**  
CITY-ST-ZIP **Tampa, FL 33629**

TITLE **S** ☐ Change ☒ Addition  
NAME **Cusak, Jim**  
STREET ADDRESS **4910 St. Croix**  
CITY-ST-ZIP **Tampa, FL 33629**

TITLE **D** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Walker, Ken**  
STREET ADDRESS **4901 Lyford Cay Road**  
CITY-ST-ZIP **Tampa, FL 33629**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #