NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 10, 2003 8:00 am Secretary of State

DOCUMENT # 7/603/ 1. Entity Name BROADWATER CIVIC ASSOCIATION, INC.					03-10-2003 90768 042 ****61.25			
	DO NOT WRIT	E IN I HIS	SPAC	E	,		=t d c }*	
	Place of Business RD ST SOUTH	4380 43RD	3. Mailing Address 4380 43RD ST SOUTH Suite, Apt, #, etc.			DO NOT WRITE IN THIS SI	· ·	
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City & Stat	RSBURG, FL	ST PETER:	City & State ST PETERSBURG, FL		4. FEI Number 591635026			
Zip Country USA		33711	1 USA		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	The same of the special sections of the second	and the second second	داست المساد	Name (A)		s of Current Registered	Agent	
DO NOT WRITE				Name JAMES DAVIS Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE				4380 43RD ST SOUTH				
St.	**************************************	,, ,,,oL	10L					
8. The above named entity submits this statement for the purpose of changing its rec								
SIGNATURE	Signature, typed or printed name of registered as	Treasure	Direc	JDY d Agent signature requ		3/1/03		
 .	Signature, types of priviled name of registered at	ден сано иле и аррисасие.	(MC/TC: Registere	o Agent signature requ	ned wien reinstatung)	DATE		
FEE IS \$61.25 9. Election Cam Initial of Amended UBR Trust Fund Co			ction Campaign F st Fund Contribut ,		\$5.00 May Be Added to Fees Make Check Payable to Department of State			
10.	OFFICERS AND	DIRECTORS		·····				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D, WILLIAM PROTZ 4400 44TH ST SOUTH ST PETERSBURG, FL.	33711	1				CR2E037B (12/01)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4172 41ST ST. SOUTH						CRZE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D, PENNY FLAHERTY 4490 38TH WAY SOUTH				DO I	NOT WRIT	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT DETERORISE EL 22711			1	IN T	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D, JAMES DAVIS 4380 43RD ST SOUTH ST PETERSBURG, FL.	33711						
TITLE NAME STREET ADDRESS CITY+ST-ZIP								
12. I hereby of indicated of the cor	t certify that the information supplied v on this report or supplemental repoi poration or the receiver or trustee e	vith this filing does not o t is true and accurate a mpowered to execute t	ualify for the exer nd that my signat his report as requ	mption stated in ture shall have the uired by Chapter	Section 119.07(3)(i), Flori le same legal effect as if i r 617, Florida Statutes: ar	da Statutes. I further certifinade under oath; that I arrived that my name appears	y that the information i an officer or director in Block 10 or on an	

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR