

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90651 032 ****61.25

DOCUMENT # 728720

1. Entity Name

BAY MARINER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**19701 GULF BLVD
INDIAN SHORES FL 33785
US**

Mailing Address

**19701 GULF BLVD
INDIAN SHORES FL 33785
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCEWEN, BOB
19701 GULF BLVD
INDIAN SHORES FL 33785**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert G. McEwen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D BENSON, ROY**
STREET ADDRESS **19701 GULF BLVD.**
CITY-ST-ZIP **INDIAN SHORES FL 33785**

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

TITLE ☒ Delete
NAME **PTD STUBBS, FRED**
STREET ADDRESS **19701 GULF BLVD.**
CITY-ST-ZIP **INDIAN SHORES FL 33785**

TITLE ☒ Change ☐ Addition
NAME **Jacobs, Jill**
STREET ADDRESS **19701 Gulf Blvd**
CITY-ST-ZIP **Indian Shores FL 33785**

TITLE ☐ Delete
NAME **SD MCEWEN, BOB**
STREET ADDRESS **19701 GULF BLVD.**
CITY-ST-ZIP **INDIAN SHORES FL 33785**

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

TITLE ☒ Delete
NAME **D SILVERMAN, JACK**
STREET ADDRESS **19701 GULF BLVD**
CITY-ST-ZIP **INDIAN SHORES FL 33785**

TITLE ☒ Change ☐ Addition
NAME **SANDERBECK, James**
STREET ADDRESS **19701 GULF BLVD**
CITY-ST-ZIP **INDIAN SHORES FL 33785**

TITLE ☐ Delete
NAME **PTD EASTON, DONALD**
STREET ADDRESS **19701 GULF BLVD**
CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**
SHORES

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Robert G. McEwen **Robert G. McEwen** *2/3/04* **727-595-5977**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #