

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90085 019 \*\*\*\*61.25

**DOCUMENT # 728811**

1. Entity Name

PATIO VILLAGE CORPORATION, INC.



Principal Place of Business

6135 66 ST NORTH  
ST PETERSBERG FL 33709

Mailing Address

6135 66 ST NORTH  
ST PETERSBERG FL 33709

**50021632**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

PATIO VILLAGE OFFICE

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

PATIO VILLAGE OFFICE

City & State

Zip

Country

4. FEI Number

59-1548640

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~TART, LORRAINE~~  
6135 NORTH 66TH STREET  
~~LOT 324~~  
ST PETERBURG FL 33709

7. Name and Address of New Registered Agent

Name SANDRA CABLE

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

6135 66TH ST. N.

LOT 118

City ST. PETERSBURG

FL

Zip Code 33709

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

Sandra Cable

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-05

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	TM	<input checked="" type="checkbox"/> Delete
NAME	DOYLE, HENRY	
STREET ADDRESS	6135 66TH STREET N #410	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROOD, WALTER	
STREET ADDRESS	6135 66TH STREET N #115	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOGAN, JOCELYNE	
STREET ADDRESS	6135 66TH STREET N #318	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLEY, PAUL	
STREET ADDRESS	6135 66TH STREET N, #508	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAMBOER, BILL	
STREET ADDRESS	6135 66TH STREET N, #221	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CROSSMAN, AUSTIN	
STREET ADDRESS	6135 66TH ST., N. #409	
CITY-ST-ZIP	ST PETERSBURG FL 33709	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TM	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDRA CABLE	
STREET ADDRESS	6135 66TH ST. N. #118	
CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALE HABERLE	
STREET ADDRESS	6135 66TH ST. N # 510	
CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS BUTTERFIELD	
STREET ADDRESS	6135 66TH ST. N. # 114	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33709	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sandra Cable

SANDRA CABLE

2-25-05

727

546-1229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #