2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 730595

1. Entity Name
SKIFF POINT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
298 SKIFF POINT CLEARWATER, FL 33767	298 SKIFF POINT CLEARWATER, FL 33767

07212004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1696201
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCNEILL, GLEN
1655 LEE RD.
CLEARWATER, FL 33765

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BEADLE, JAMES
STREET ADDRESS	13450 AUGUSTA DR.
CITY-ST-ZIP	AUGUSTA, MI 49012
TITLE	D
NAME	MATTIMOE, JOHN
STREET ADDRESS	2624 BARRINGTON
CITY-ST-ZIP	TOLEDO, OH 43608
TITLE	D
NAME	MANN, PHIL
STREET ADDRESS	298 SKIFF PT #202
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	D
NAME	NOVAK, LES
STREET ADDRESS	298 SKIFF POINT #102
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	D
NAME	REMARK, ROBERT
STREET ADDRESS	11513 STREAM VIEW RD
CITY-ST-ZIP	UNIONTOWN, OH 44685
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000168134
07/26/04-80001-015 61.25

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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: James Beadle JAMES BEADLE 7/26/04 727-447-0476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #