

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

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 734377 1. Entity Name THE FRIENDLY NATIVE BEACH RESORT CONDOMINIUM, INC.					
Principal Place of Business 6700 SUNSET WAY ST PETERSBURG BEACH FL 33706-2053				Mailing Address 6700 SUNSET WAY ST PETERSBURG BEACH FL 33706-2053	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1656341	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HURLEY, J. K 6700 SUNSET WAY ST PETERSBURG BEACH FL 33706				7. Name and Address of New Registered Agent 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 <u><i>J. K. Hurley</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	PD VICKERS, LARRY 640 VALLEY FORCE RD COOKEVILLE TN	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RAAB, RICHARD 2263 WEST LIBERTY ANN ARBOR MI	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ALMERICO, MARJORIE 807 W INDIANA AVE. TAMPA FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GARCIA, DULCE MARIA V 4808 DARBY AVE. TAMPA FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWENSON, GLENN 3521-6TH AVE., N. ST. PETERSBURG FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTINEZ A G 908 W VIRGINIA AVE TAMPA FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000341190 04/29/05-80006-006 61.25				
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: <u><i>Paul E. Paul</i></u> 4/22/05 727-360-2076 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E037 (10/04)

Applied For
Not Applied

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

FL Zip Code

5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Date Daytime Phone #