

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 744544**

1. Entity Name  
**RIGGER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
283 104TH AVE  
#100  
TREASURE ISLAND, FL 33706

Mailing Address  
283 104TH AVE  
#100  
TREASURE ISLAND, FL 33706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**NOT APPLICABLE**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BEATON, WM  
283-104TH AVE #100  
TREASURE ISLAND, FL 33706

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	D KUKLA, TIM 283-104TH AVENUE 104 SAINT PETERSBURG, FL 33706	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CARL SHARP 283 104TH AVE #206 TREASURE ISLAND FL 33706</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEATON, WM 283-104TH AVE #106 TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BEATON, WM 283 104TH AVE #106 TREASURE ISLAND, FL 33706</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KICE, MARILYN 283-104TH AVE #103 TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>KICE, MARILYN 283-104TH AVE #103 TREASURE ISLAND, FL 33706</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONNELLY, PAT 283-104TH AVENUE STE201 TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, SLYVIA 283-104TH AVE STE 204 TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHARP, TINA 283-104TH AVENUE STE 206 TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Wm Beaton TREAS.* *Wm. Beaton* *1/19/04* *727)360-7005*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED  
Jan 23, 2004 8:00 am  
Secretary of State**

01-23-2004 90022 033 \*\*\*\*61.25