

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90042 019 \*\*\*\*61.25

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<b>DOCUMENT # 744544</b> 1. Entity Name <b>RIGGER CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>283 104TH AVE #100 TREASURE ISLAND, FL 33706</b>			Mailing Address <b>283 104TH AVE #100 TREASURE ISLAND, FL 33706</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01162005    Chg-NP    CR2E037 (10/03)	
4. FEI Number <b>NOT APPLICABLE</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BEATON, WM 283-104TH AVE #100 TREASURE ISLAND, FL 33706</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHARP, CARL 283-104TH AVENUE 104 SAINT PETERSBURG, FL 33706</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>ALBERT COLE DIRECTOR</b></del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Deletion <del><b>283-104TH AVE #100 TREASURE ISLAND, FL 33706</b></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BEATON, WM 283-104TH AVE #106 TREASURE ISLAND, FL 33706</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP FORSYTH, WANDA 283-104TH AVE #105 TREASURE ISLAND, FL 33706</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOWARD, SOMROK 283-104TH AVE #103 TREASURE ISLAND, FL 33706</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COLE, ALBERT 283-104TH AVE #202 TREASURE ISLAND, FL 33706</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DONNELLY, PAT 283-104TH AVENUE STE201 TREASURE ISLAND, FL 33706</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAKER, FRANK 283-104TH AVE #104 TREASURE ISLAND, FL 33706</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DAVIS, SLYVIA 283-104TH AVE STE 204 TREASURE ISLAND, FL 33706</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SHARP, TINA 283-104TH AVENUE STE 206 TREASURE ISLAND, FL 33706</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT SHARP, TINA 283-104TH AVE #206 TREASURE ISLAND, FL 33706</b>	
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.					
<b>SIGNATURE: <u>Wm J Beaton</u> - W.J. BEATON (TREASURER)</b>			<b>1/17/05    727) 360-7005</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					