

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90020 008 \*\*\*\*61.25

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T 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

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

*Tina Sharp*

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

(NOTE: Registered Agent signature required when reinstating)

1/25/07

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	D	<input type="checkbox"/> Delete
NAME	BAKER, FRANK	
STREET ADDRESS	283 104TH AVE #104	
CITY-STATE-ZIP	TREASURE ISLAND FL 33706	
TITLE	T	<input type="checkbox"/> Delete
NAME	BEATON, WM	
STREET ADDRESS	283-104TH AVE #106	
CITY-STATE-ZIP	TREASURE ISLAND FL 33706	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, SOMROK	
STREET ADDRESS	283-104TH AVE #103	
CITY-STATE-ZIP	TREASURE ISLAND FL 33706	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVIS, SLYVIA	
STREET ADDRESS	283-104TH AVE STE 204	
CITY-STATE-ZIP	TREASURE ISLAND FL 33706	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHARP, TINA	
STREET ADDRESS	283-104TH AVENUE STE 206	
CITY-STATE-ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINA SHARP	
STREET ADDRESS	283 104TH AVE # 206	
CITY-STATE-ZIP	TREASURE ISLAND, FL 33706	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WM BEATON	
STREET ADDRESS	283 104TH AVE # 106	
CITY-STATE-ZIP	TREASURE ISLAND, FL 33706	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Tina Sharp (Tina Sharp) President 1/25/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #