

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90843 039 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 17, 2003

FILE NOW: FEE IS \$61.25

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** ☐ Delete
NAME **KUKLA, TIM**
STREET ADDRESS **283-104TH AVENUE 104**
CITY-ST-ZIP **SAINT PETERSBURG FL 33706**

TITLE **T** ☐ Delete
NAME **BEATON, WM**
STREET ADDRESS **283-104TH AVE #106**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE **D** ☐ Delete
NAME **KICE, MARILYN**
STREET ADDRESS **283-104TH AVE #103**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE **VP** ☐ Delete
NAME **DONNELLY, PAT**
STREET ADDRESS **283-104TH AVENUE STE201**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE **S** ☐ Delete
NAME **DAVIS, SLYVIA**
STREET ADDRESS **283-104TH AVE STE 204**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE **P** ☒ Delete
NAME **BAIRD, LINDA**
STREET ADDRESS **283-104TH AVENUE STE 206**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **PAT DONNELLY**
CITY-ST-ZIP **283-104TH AVE STE 201**
TREASURE ISLAND, FL 33706

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **TINA SHARP**
CITY-ST-ZIP **283-104TH AVE STE 206**
TREASURE ISLAND, FL 33706

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 **WM BEATON**

Feb 17, 2003

727/360-7005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)