

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90017 035 ****61.25

DOCUMENT # 745292 1. Entity Name 2200 SOUTH BAY, INC.					
Principal Place of Business 2200 S. BAY ST. EUSTIS, FL 32726 US			Mailing Address P.O. BOX 2347 UMATILLA, FL 32784 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1977264	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RODGER, CINDY H 37325 BEACH DRIVE UMATILLA, FL 32784				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
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	PD RODGER, CINDY H 37325 BEACH DR UMATILLA, FL 32784			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TRASK, ARET-E 22 FOREST LANE EUSTIS, FL 32726			☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PARTER, ART 1905 SOUTH BAY ST EUSTIS, FL 32726			☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD RODGER, CINDY H 37325 BEACH DR UMATILLA, FL 32784			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]			☐ Delete	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 3-9-04 Daytime Phone #: 352 483 1466	

94028016



02172004 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

FL