

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746077

Entity Name: BANGA CONDOMINIUM, INC.

FILED  
Apr 29, 2004  
Secretary of State

**Current Principal Place of Business:**

35-44TH AVE.  
ST.PETERSBURG BCH., FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

35-44TH AVE.  
ST.PETERSBURG BCH., FL 33706

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAZEIKA, DANA  
630 115TH AVE  
TREASURE ISLAND, FL 33706

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WEBB, TODD C  
Address: 35 44TH AVE  
City-St-Zip: ST PETE BEACH, FL

Title: D ( ) Delete  
Name: PETKUS, VACYS,  
Address: 35 - 44 AVENUE  
City-St-Zip: SAINT PETERSBURG BEACH, FL 33706

Title: D ( ) Delete  
Name: PETKUS, ALGIS  
Address: 1206 BROOKLINE PL APT A  
City-St-Zip: WILLOUGHBY, OH 440947085

Title: PST ( ) Delete  
Name: MAZEIKA, DANA  
Address: 630 115TH AVE  
City-St-Zip: TREASURE ISLAND, FL 33706

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD WEBB

MR.

04/29/2004

Electronic Signature of Signing Officer or Director

Date