

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90090 011 \*\*\*\*61.25

**DOCUMENT # 752783**

1. Entity Name  
**SAINT JUDES DRIVE SOUTH CONDOMINIUMS  
ASSOCIATION INC.**



Principal Place of Business  
**713 ST JUDES DRIVE SOUTH #1  
LONGBOAT KEY, FL 34228**

Mailing Address  
**C/O ACT INC.  
4134 GULF OF MEXICO DR  
LONGBOAT KEY, FL 34228 US**

**24007140**



01062004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0135372** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KOZIAK, MURON** *Morine Myers*  
**713 ST JUDES DR S** *713 ST Jude Dr*  
**LONGBOAT KEY, FL 34228**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEGO, PAT <del>5730 W WHITEHEAD RD</del> <i>OK</i> BARGERSVILLE, IN 46106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMM, MARY LOU 707 ST JUDE DR SO #1 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <del>KOZIAK, ALEXANDER M</del> <i>Morine Myers</i> <del>713 ST JUDES DR S</del> <i>713 ST Jude Dr</i> <del>LONGBOAT KEY, FL 34228</del> <i>Longboat Key</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAYON, DEBORAH 1522 COTTONWOOD TRAIL SARASOTA, FL 34232 <i>FI 34228</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALEMAN, JOSEPH ST JUDES DR S 729 #2 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 \_\_\_\_\_

Daytime Phone # \_\_\_\_\_