

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90039 010 ****61.25

DOCUMENT # 754638

1. Entity Name

PINE KEY LODGE CONDOMINIUM IV ASSOCIATION, INC.



Principal Place of Business

C/O ACCOUNTING SOLUTIONS
980 PASADENA AVE S
ST PETERSBURG FL 33707
US

Mailing Address

C/O ACCOUNTING SOLUTIONS
980 PASADENA AVE S
ST PETERSBURG FL 33707
US

2. Principal Place of Business

6680 Gulf Boulevard

3. Mailing Address

6680 Gulf Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

St. Pete Beach, FL

City & State

St. Pete Beach, FL

4. FEI Number

59-2166922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, PATTI
C/O ACCOUNTING SOLUTIONS
980 PASADENA AVE.
ST PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6680 Gulf Boulevard

City St. Pete Beach

FL

Zip Code 33706

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

FILE NOW: 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

TITLE VPSP
NAME ~~WILSON, GENE~~ DONALD VERRINE ☐ Delete
STREET ADDRESS 390 PINELLAS BAYWAY
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE ☐ Delete
NAME ~~PRICE, JAMES~~ RUTHUR ZELENAK
STREET ADDRESS 390 PINELLAS BAYWAY
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE PD
NAME ~~CASSIDY, TOM~~ RICHARD BEHREND ☐ Delete
STREET ADDRESS 390 PINELLAS BAYWAY
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

RICHARD BEHREND

Date

Daytime Phone #

4/13/04 727-515-9666