

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 754638**

1. Entity Name  
PINE KEY LODGE CONDOMINIUM IV ASSOCIATION, INC.



Principal Place of Business  
390 PINELLAS BAYWAY  
TIERRA VERDE, FL 33715 US

Mailing Address  
6680 GULF BLVD.  
SAINT PETERSBURG, FL 33706 US



01042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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  
6680 GULF BLVD.  
SAINT PETERSBURG, FL 33706

**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 reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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  
DP  
CARDAMONE, PHIL  
390 PINELLAS BAYWAY, UNIT G  
TIERRA VERDE, FL 33715

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ZELENAK, AUTHUR  
390 PINELLAS BAYWAY  
TIERRA VERDE, FL 33715

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
GLENN, KATHY  
390 PINELLAS BAYWAY, UNIT H  
TIERRA VERDE, FL 33715

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000807237  
02/06/08-80073-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1/26/08

Date

(941) 527-6275

Daytime Phone #