

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

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90111 033 ****61.25

DOCUMENT # 757400

1. Entity Name

JOHN'S PASS VILLAGE ASSOCIATION, INC.



Principal Place of Business

150 JOHN'S PASS BOARDWALK
MADEIRA BEACH FL 33708

Mailing Address

150 JOHN'S PASS BOARDWALK
MADEIRA BEACH FL 33708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1638836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUBBARD, PATRICIA
150 JOHN'S PASS BOARDWALK
MADEIRA BEACH FL 33708

Name

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

City

FL

Zip Code

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	PD	<input type="checkbox"/> Delete
NAME	HUBBARD, MARK	
STREET ADDRESS	150 JOHN'S PASS BOARDWALK	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, DEANNA	
STREET ADDRESS	150 JOHN PASS BOARDWALK	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HUBBARD, PATRICIA	
STREET ADDRESS	150 JOHN'S PASS BOARDWALK	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	POKORNY, ALLEN	
STREET ADDRESS	150 JOHN'S PASS BOARDWALK	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	LETOURNEAU, KELLEY	
STREET ADDRESS	150 JOHN'S PASS BOARDWALK	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDOLE, KATHLEEN	
STREET ADDRESS	150 128TH AVENUE	
CITY-ST-ZIP	MADEIRA BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN POKORNY	
STREET ADDRESS	150 John's Pass Boardwalk	
CITY-ST-ZIP	MADEIRA BEACH 33708	
TITLE	Jim Bartows D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	150 John Pass Boardwalk	
STREET ADDRESS	MADEIRA BEACH FL 33708	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFF ANTOWS	
STREET ADDRESS	150 JOHN'S PASS BOARDWALK	
CITY-ST-ZIP	MADEIRA BEACH 33708	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE FALA	
STREET ADDRESS	150 JOHN'S PASS BOARDWALK	
CITY-ST-ZIP	MADEIRA BEACH 33708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Patricia Hubbard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/04 727-397-8764
Date Daytime Phone #