

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

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

02-06-2004 90028 029 ****61.25

DOCUMENT # 760652

1. Entity Name

ASBURY PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

4810 DAUPHIN C-16
PO BOX 130056
TAMPA FL 33681

Mailing Address

4810 DAUPHIN C-16
PO BOX 130056
TAMPA FL 33681

2. Principal Place of Business

3. Mailing Address

P.O. Box 7692

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tampa, FL

Zip

Country

Zip
33673-7692

Country

USA

4. FEI Number

59-2264226

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEAGIN, BILL
4810 DAUPHIN D-13
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name Eddy G. Hauer III

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

4218 Riverside Drive

City Tampa

FL

Zip Code
33603

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

Eddy G. Hauer III

Eddy G. Hauer III

1/29/04

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	VD	<input checked="" type="checkbox"/> Delete
NAME	FEAGIN, BILL	
STREET ADDRESS	4810 DAUPHIN, D-13	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALVAREZ, MARILYN	
STREET ADDRESS	4810 DAUPHIN C-16	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ELLIOTT, LEO	
STREET ADDRESS	4810 DAUPHIN A-23	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry Lynch	
STREET ADDRESS	4810 Dauphin D-12	
CITY-ST-ZIP	Tampa, FL 33611	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Di Pasquale	
STREET ADDRESS	4810 Dauphin B-11	
CITY-ST-ZIP	Tampa, FL 33611	
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		
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: Terence Lynch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/04 818 731 4311

Date

Daytime Phone #