2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

					S	ecret	arv () I S I (ате
1. Entity Nam	MENT # 762945 O BAY CLUB CONDOMINIU	JM ASSOCIATION,				05-03-200	•		
Principal Place 380 8TH AVE APT. 4 TIERRA VERD		Mailing Address C/O QUALITY MGMT SER PO BOX 66245 ST. PETE BEACH, FL 337	736 US		1 78 6 711 1 8 6118 6 7111 1		IKI CIGN BIBII DIF	16 3 1011 01011 013	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01232004 C	hg-NP	CR2E03	7 (10/03)	
City & State		City & State			4. FEI Number 59-236591	0			oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current R	legistered Agent			7. Name and Add	ress of New	Registered A	\gent	
SCHNOOF	2 EDANK		Name						
SCHNOOR, FRANK 7217 GULF BLVD SUITE 6 P.O. BOX 66245			Street Address (P.O. Box Number is	Not Acceptab	ole)		
ST. PETER	RSBURG, FL 33706								
` *			City				FL	Zip Cod	e .
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	register	ed agent, or both, in	the State of F	Florida. I am f	amiliar with,	and accept
									ĺ
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: F	Registered Agent signati	teriuper eru	when reinstating)	.	DATE	 .	
SIGNATURE	Signature, typed or printed name of registered agent at Filling Fee Is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Cor	algn Financing	ure required	when reinstating) \$5.00 May Be Added to Fees	Fic	Make check	payable to	otate
SIGNATURE .	Filing Fee is \$61.25	9. Election Camp Trust Fund Cor	algn Financing		\$5.00 May Be	; Fic	Make check orida Depar	payable to tment of S	tate
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Cor ECTORS	aign Financing ntribution.		\$5.00 May Be Added to Fees	; Fic	Make check orida Depar	payable to tment of S	tate
10. TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2004 OFFICERS AND DIRI DS SOCCORSO, JOSEPH S. 380 8TH AVENUE NORTH, UNIT	9. Election Camp Trust Fund Cor ECTORS Delete #4	naign Financing ntribution. 11. TITLE NAME STATET ADDRESS	DT GRI	\$5.00 May Be Added to Fees	ES TO OFFIC	Make check orida Depart EERS AND DII	r payable to	tate I 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2004 OFFICERS AND DIRI DS SOCCORSO, JOSEPH S. 380 8TH AVENUE NORTH, UNIT TIERRA VERDE, FL DT KAUFMAN, DOUGLAS 380 8TH AVE NO UNIT #3	9. Election Camp Trust Fund Cor ECTORS Delete #4 Delete	ntribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DT GRI	\$5.00 May Be Added to Fees ADDITIONS/CHANG	ES TO OFFIC	Make check orida Depart EERS AND DII	t payable to	tate 1 10 ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIRI DS SOCCORSO, JOSEPH S. 380 8TH AVENUE NORTH, UNIT TIERRA VERDE, FL DT KAUFMAN, DOUGLAS 380 8TH AVE NO UNIT #3 SAINT PETERSBURG, FL 33715 DP WALCZEWSKI, ELAINE 380 8TH AVENUE NORTH UNIT 8	9. Election Camp Trust Fund Cor ECTORS Delete #4 Delete	Adign Financing ntribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DT GRI	\$5.00 May Be Added to Fees ADDITIONS/CHANG	ES TO OFFIC	Make check orida Depart EERS AND DII	c payable to timent of Si RECTORS IN Change Change	tate ↓ 10 Addition X Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIRI DS SOCCORSO, JOSEPH S. 380 8TH AVENUE NORTH, UNIT TIERRA VERDE, FL DT KAUFMAN, DOUGLAS 380 8TH AVE NO UNIT #3 SAINT PETERSBURG, FL 33715 DP WALCZEWSKI, ELAINE 380 8TH AVENUE NORTH UNIT 8	9. Election Camp Trust Fund Cor ECTORS Delete #4 Delete Delete	Address City-St-Zip Title NAME STREET ADDRESS CITY-ST-Zip	DT GRI	\$5.00 May Be Added to Fees ADDITIONS/CHANG	ES TO OFFIC	Make check orida Depart EERS AND DII	c payable to timent of Si RECTORS IN Change Change	Addition Addition

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 OF DIRECTOR

4-27.04

727.367-5270

WILLIAM 1. GRIFFITH