

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 768335

1. Entity Name
FRANKLIN PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**306 S HABANA AVE
B-5
TAMPA, FL 33609 US**

Mailing Address

**PO BOX 10691
TAMAP, FL 33679**

DO NOT WRITE IN THIS SPACE

06302004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2365895

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAYES, JIM
304 S HABANA AVE
#5
TAMPA, FL 33609**

**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

James W Hayes
Signature, typed or printed name of registered agent and date if applicable.

No change
(NOTE: Registered Agent Signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000163865

07/07/04-80021-008 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAYES, JAMES
STREET ADDRESS	304 S HABANA AVE
CITY - ST - ZIP	TAMPA, FL 33609
TITLE	TD
NAME	KATSARES, CHRIS
STREET ADDRESS	306 S HABANA AVE B-5
CITY - ST - ZIP	TAMPA, FL 33609
TITLE	SD
NAME	REYNOLDS, SCOTT
STREET ADDRESS	306 S HABANA AVE
CITY - ST - ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

James W Hayes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #