


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 768694</b> 1. Entity Name BRIGANTINE CONDOMINIUM ASSOCIATION OF TAMPA, INC.	
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Principal Place of Business 101 E KENNEDY BLVD STE 1250 TAMPA, FL 33602	Mailing Address 101 E KENNEDY BLVD STE 1250 TAMPA, FL 33602
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**DO NOT WRITE IN THIS SPACE**



02052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2393940	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  ENNIS, HENRY G., JR. 101 E KENNEDY BLVD TAMPA, FL 33602	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.


<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, THOMAS S 5210 INTERBAY BLVD 7 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGSON, GLENDA 5210 INTERBAY BLVD # 8 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARVEY, FRANK 5210 INTERBAY BLVD TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARP, WILLIAM 5210 INTERBAY BLVD #9 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REILING, FRED 5210 INTERBAY BLVD #3 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000241024  
02/24/05-80027-004 61.25

**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)(f), 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:**  **2/14/05 013 284199**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #