

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

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90040 049 ****61.25

DOCUMENT # 770644

1. Entity Name

SANTIAGO ON THE BAYSHORE, INC.



Principal Place of Business

**2923 SANTIAGO ST
TAMPA FL 33629
US**

Mailing Address

**2923 SANTIAGO ST
TAMPA FL 33629
US**

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

59-2871399

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

**SANFORD, CHRISTY
2923 SANTIAGO ST
TAMPA FL 33629**

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

Christy Sanford

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-04

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD & SD** ☐ Delete
NAME **BOAZ, MARY**
STREET ADDRESS **2929 SANTIAGO ST.**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **Secretary & President** ☐ Change ☒ Addition
NAME **Boaz, Mary**
STREET ADDRESS **2929 SANTIAGO ST.**
CITY-ST-ZIP **Tampa, FL 33629**

TITLE **VP** ☐ Delete
NAME **PURTEE, ANN**
STREET ADDRESS **2913 SANTIAGO ST.**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Purtee, Ann**
STREET ADDRESS **2913 SANTIAGO ST.**
CITY-ST-ZIP **Tampa, FL 33629**

TITLE **TD** ☐ Delete
NAME **SANFORD, CHRISTY**
STREET ADDRESS **2923 SANTIAGO ST**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Christy Sanford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-04

Date

(813) 493-1822

Daytime Phone #