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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 05, 2004 8:00 am DOCUMENT # N00000007458 Secretary of State 1. Entity Name 04-05-2004 90402 017 \*\*\*\*70.00 TENTH STREET HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address PMB #367, 3501-B N: PONCE DE LEON BLV SUITE 367 PMB #367, 3501-B N. PONCE DE LEON BLV SUITE 367 SAINT AUGUSTINE FL 32084 SAINT AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address 2890 North Tenth Street 2890 North Tenth Street Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State St. Augustine, FL 4. FEI Number Applied For St. Angustine i 59-3692338 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32084 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bradley -KALPER, GEORGE Street Address (P.O. Box Number is Not Acceptable) 540 WOOD CHASE DR SAINT AUGUSTINE FL 32086 2890 North Tenth Street St. Angustine 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete KAPLER, GEORGE Bradley, Patti NAMÊ NAME PMB #367, 3501-B N. PONCE DE LEON BLVD. STREET ADDRESS STREET ADDRESS 2890 North Tenth St. SAINT AUGUSTINE FL 32084 CITY-ST-ZIP CITY-ST-ZIP ST. Augustine, FL 32084 TITI F 😾 Delete **Addition** Whitaker, Richard ROY, GLYNDA NAME NAME 2878 North Tenth St. PMB #367, 3501-B N. PONCE DE LEON BLVD. STREET ADDRESS STREET ADDRESS SAINT AUGUSTINE FL 32084 St. Augustine, DL 32084 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition THORPE, PHYLLIS Joyce, Denise NAME NAME 2884 North Tenth St. PMB #367, 3501-B N. PONCE DE LEON BLVD. STREET ADDRESS STREET ADDRESS SAINT AUGUSTINE FL 32084 CITY-ST-ZIF CITY-ST-ZIP St. Augustines IL TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP 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.

**FILED**