

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

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000001831

1. Entity Name

PEACE RIVER PROFESSIONAL CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

4054 BEAVER LN, STE 1
PORT CHARLOTTE FL 33952

Mailing Address

4054 BEAVER LN, STE 1
PORT CHARLOTTE FL 33952

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

65-1104245

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLK, CHARLES M III
4054 BEAVER LN, STE 1
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE: VD
NAME: BALLESTAS, DAVID S
STREET ADDRESS: 4054 BEAVER LN, STE 1
CITY-ST-ZIP: PORT CHARLOTTE FL 33952 ☐ Delete

TITLE: SD
NAME: POLLIZZI, ANTHONY
STREET ADDRESS: 4054 BEAVER LN, STE 1
CITY-ST-ZIP: PORT CHARLOTTE FL 33952 ☐ Delete

TITLE: PTD
NAME: POLK, CHARLES M III
STREET ADDRESS: 4054 BEAVER LN, STE 1
CITY-ST-ZIP: PORT CHARLOTTE FL 33952 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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 OR DIRECTOR

Date

Daytime Phone #

Charles M. Polk III 2-19-04 (941) 766-0016