

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2005 08:00 AM  
Secretary of State

DOCUMENT # N01000004987

1. Entity Name  
4TH AVENUE CONDOMINIUM ASSOCIATION INC.



Principal Place of Business  
46 WASHINGTON BOULEVARD  
SUITE 1  
SARASOTA FL 34236 US

Mailing Address  
PO BOX 349  
BRADENTON BEACH FL 34217 US



01072005 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
81-0552751

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

PERRYMAN, IAN K  
2306 CANASTA DRIVE  
BRADENTON BEACH, FL 34217

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE VSD  
NAME PERRYMAN, JENNIFER S  
STREET ADDRESS 2306 CANASTA DRIVE  
CITY-ST-ZIP BRADENTON BEACH, FL 34217

TITLE PTD  
NAME PERRYMAN, IAN K  
STREET ADDRESS 2306 CANASTA DRIVE  
CITY-ST-ZIP BRADENTON BEACH, FL 34217

TITLE D  
NAME GOODE, CASSANDRA J  
STREET ADDRESS 2306 CANASTA DRIVE  
CITY-ST-ZIP BRADENTON BEACH, FL 34217

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: JENNIFER S PERRYMAN Jan 6 05 941 78478