

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90015 016 ****61.25

DOCUMENT # N02000006900 1. Entity Name SOUTH PASADENA VOTERS WATCH, INC.					
Principal Place of Business 7068 SOUTH SHORE DR. SOUTH SOUTH PASADENA, FL 33707			Mailing Address 7068 SOUTH SHORE DR. SOUTH SOUTH PASADENA, FL 33707		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01152004 Chg-NP CR2E037 (10/03)	
4. FEI Number 52-2376731				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CALABRIA, DANIEL 7068 SOUTH SHORE DR. SOUTH SOUTH PASADENA, FL 33707			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input checked="" type="checkbox"/> Delete	TITLE	YD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAGENHEIMER, DAVID		NAME	PAT CANDELORO	
STREET ADDRESS	6927 GRANDE VISTA WAY S		STREET ADDRESS	7400 SUN ISLAND DRIVE SO.	
CITY-ST-ZIP	SOUTH PASADENA, FL 33707		CITY-ST-ZIP	SOUTH PASADENA FL 33707	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMINSTON, NANETTE A		NAME	EDMINSTON, NANETTE A.	
STREET ADDRESS	6927 S SHORE DRIVE S		STREET ADDRESS	6927 S SHORE DRIVES	
CITY-ST-ZIP	SOUTH PASADENA, FL 33707		CITY-ST-ZIP	SOUTH PASADENA FL 33707	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMENAMIN, MARY		NAME	PENINGTON ADEL	
STREET ADDRESS	7922 SAILBOAT KEY BLVD		STREET ADDRESS	1898 SHORE DRIVE S.	
CITY-ST-ZIP	SOUTH PASADENA, FL 33707		CITY-ST-ZIP	SOUTH PASADENA FL 33707	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWINT, KENNETH		NAME	IPPOLITO, LOU	
STREET ADDRESS	7000 S SHORE DR S		STREET ADDRESS	7400 SUN ISLAND DRIVE S.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP	SOUTH PASADENA FL 33707	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALABRIA, DANIEL		NAME	GORMAN, DANIEL	
STREET ADDRESS	7068 S SHORE DR S		STREET ADDRESS	1847 SHORE DRIVE S.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP	SOUTH PASADENA FL 33707	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARR, WAYNE		NAME		
STREET ADDRESS	7903 SAILBOAT DR S		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		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: <i>Daniel Calabria</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DANIEL CALABRIA DIRECTOR 1/23/04 721-345-8333 <small>Date Daytime Phone #</small>		