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

## Apr 19, 2004 8:00 am Secretary of State DOCUMENT # N03000003654 1. Entity Name 04-19-2004 90338 043 \*\*\*\*61.25 TCP CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1945 17TH STREET 1945 17TH STREET SARASOTA FL 34234 24047358 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable 54-2109275 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHARLES H. WILSON, WILSON, CHARLES H-Street Address (P.O. Box Number is Not Acceptable) 1945 17TH STREET SARASOTA FL 34234 2341 PORTER LAKE DR # 207 City SARASOTA 34240 8. The above named entity submits th statement to 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 4/15/04 SIGNATURE -(NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE **★** Change ☐ Addition G. KELLY RUBINO NAME NAME RUBINO GREELY 5971 CATTLERIDGE BLVD. #100 STREET ADDRESS STREET ADDRESS 9015 TOWN CENTER PKWY # 105 SARASOTA FL 34232 CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34202 TITLE ☐ Delete TITLE Change ■ Addition E. RUSSELL JAMES NAME NAME 8585 MIDNIGHT PASS ROAD STREET ADDRESS STREET ADDRESS SARASOTA FL 34242 CATY-ST-ZIP CITY-ST-ZIP VSD TITLE ☐ Delete x ☑ Change - ☐ Addition WILSON, CHARLES H WILSON, CHARLES H. NAME NAME 1945 17TH STREET STREET ADDRESS STREET ADDRESS 2341 PORTER LAKE DR # 207 SARASOTA FL 34234 CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34240 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

indicated on this report or supplier of the corporation or the rece changed, or on an attachmi

SIGNATURE:

ental 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 tystee employered to execute the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

4/15/04 (941) 957-1030

**FILED**