

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000003654	
1. Entity Name TCP CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1945 17TH STREET SARASOTA, FL 34234	Mailing Address 1945 17TH STREET SARASOTA, FL 34234
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 54-2109275	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILSON, CHARLES H 2341 PORTER LAKE DR #207 SARASOTA, FL 34240	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

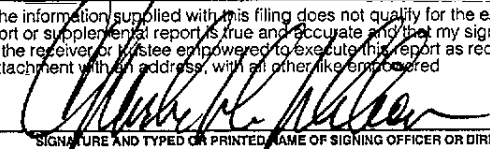
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD G. KELLY RUBINO 9015 TOWN CENTER PKWY #105 BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD E. RUSSELL JAMES 8585 MIDNIGHT PASS ROAD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WILSON, CHARLES H 2341 PORTER LAKE DR #207 SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/26/05-80014-011 61.25

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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:  **14 Jan 05** **941-957-1030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #