

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90062 004 ****61.25

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1. Entity Name
 34H OFFICE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 12075 34TH STREET NORTH
 ST. PETERSBURG, FL 33716

Mailing Address
 12075 34TH STREET NORTH
 ST. PETERSBURG, FL 33716

24033297

2. Principal Place of Business
 4200 4TH ST. N.

3. Mailing Address
 4200 4TH ST. N.

Suite, Apt. #, etc.
 SUITE D

City & State
 ST. PETERSBURG, FL

Zip
 33703

Country
 USA



03082004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

STEFANICK, JUDY K
 4200 4TH STREET NORTH
 SUITE D
 ST. PETERSBURG, FL 33703

4. FEI Number
 20-0826091

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing 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	PD	<input type="checkbox"/> Delete
NAME	BARGER, MICHAEL E	
STREET ADDRESS	4200 4TH STREET N #D	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	STEFANICK, JUDY K	
STREET ADDRESS	4200 4TH STREET N #D	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROWAN, JAMES J	
STREET ADDRESS	3839 4TH STREET N #390	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA LUCAS	
STREET ADDRESS	12075-B 34TH ST. N.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-18-04** Daytime Phone # **727-520-7711**