

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90084 025 ****61.25

DOCUMENT # N03000007641

1. Entity Name

ROOSEVELT A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4200 4TH STREET NORTH SUITE D
ST PETERSBURG FL 33703

4200 4TH STREET NORTH SUITE D
ST PETERSBURG FL 33703

50021576



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

11001 DANKA WAY N.

3. Mailing Address

11001 DANKA WAY N.

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

#3

City & State

ST PETERSBURG, FL

City & State

ST PETERSBURG, FL

Zip

33716

Country

USA

Zip

33716

Country

USA

4. FEI Number

20-0826801

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **JUDY K. HUMBARGER**

Street Address (P.O. Box Number is Not Acceptable)

11001 DANKA WAY N.

#3

City **ST PETERSBURG**

FL

Zip Code

33716

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

Judy K. Humbarger, JUDY K. HUMBARGER

2-15-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 **SD** ☐ Delete
NAME **BARGER, MICHAEL E**
STREET ADDRESS **4200 4TH STREET NORTH SUITE D**
CITY- ST- ZIP **ST PETERSBURG FL 33703**

TITLE **TD** ☐ Delete
NAME **STEFANICK, JUDY K**
STREET ADDRESS **4200 4TH STREET NORTH SUITE D**
CITY- ST- ZIP **ST PETERSBURG FL 33703**

TITLE **PD** ☐ Delete
NAME **O'BRIEN, PATRICK**
STREET ADDRESS **11001-1 PANKA WAY NORTH**
CITY- ST- ZIP **SAINT PETERSBURG FL 33716**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11001 DANKA WAY N. #3**
CITY- ST- ZIP **ST PETERSBURG, 33716**

TITLE **TD** ☒ Change ☐ Addition
NAME **JUDY K. HUMBARGER**
STREET ADDRESS **11001 DANKA WAY N. #3**
CITY- ST- ZIP **ST PETERSBURG, FL 33716**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ 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 19.07(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:

Michael E. Barger, MICHAEL E. BARGER 2-15-05 727-520-7711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #