

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90003 011 \*\*\*\*61.25

**DOCUMENT # N03000007862**

1. Entity Name  
**PINELLAS POINT FOUNDATION, INC.**



Principal Place of Business  
1053 SERPENTINE DRIVE  
ST. PETERSBURG, FL 33705

Mailing Address  
1053 SERPENTINE DRIVE  
ST. PETERSBURG, FL 33705

**00001040**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05242005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**30-0208496**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COX, MAREN**  
1053 SERPENTINE DRIVE  
ST. PETERSBURG, FL 33705

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 7, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME HERSCH, RONALD PH.D.  
STREET ADDRESS 1220 FRIENDLY WAY  
CITY-ST-ZIP ST. PETERSBURG, FL 33705

TITLE **D** ☐ Change ☐ Addition  
NAME **FRED CONLON, JOHN**  
STREET ADDRESS **2420 66TH TERRACE S.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE VSD ☐ Delete  
NAME COX, MAREN  
STREET ADDRESS 1053 SERPENTINE DRIVE  
CITY-ST-ZIP ST. PETERSBURG, FL 33705

TITLE **D** ☐ Change ☐ Addition  
NAME **SCARPETTA, FRANK**  
STREET ADDRESS **7319 14th ST S.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE TD ☐ Delete  
NAME LEMKE, GERALD  
STREET ADDRESS 751 PINELLAS POINT DRIVE  
CITY-ST-ZIP ST. PETERSBURG, FL 33705

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

TITLE D ☐ Delete  
NAME BERSET, MARK  
STREET ADDRESS 1050 FRIENDLY WAY  
CITY-ST-ZIP ST. PETERSBURG, FL 33705

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

TITLE D ☐ Delete  
NAME CARNES, JOHN PH.D.  
STREET ADDRESS 1200 FRIENDLY WAY  
CITY-ST-ZIP ST. PETERSBURG, FL 33705

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

TITLE **D** ☐ Delete  
NAME **ROBERT BRADTMILLER, ROBERT**  
STREET ADDRESS **711 PINELLAS POINT DR**  
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-6-05**

Date

**(727) 864-6118**

Daytime Phone #