


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

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

03-02-2005 90084 022 \*\*\*\*61.25

**DOCUMENT # N04000003376**

1. Entity Name  
**PINELLAS PARK SQUARE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**4200 4TH STREET NORTH  
 SUITE D  
 ST. PETERSBURG FL 33703**

Mailing Address  
**4200 4TH STREET NORTH  
 SUITE D  
 ST. PETERSBURG FL 33703**

**00021579**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business  
**11001 DANKA WAY N.  
 #3**

3. Mailing Address  
**11001 DANKA WAY N.  
 #3**

City & State  
**ST. PETERSBURG, FL**

City & State  
**ST. PETERSBURG, FL**

Zip  
**33716**

Country  
**USA**

Zip  
**33716**

Country  
**USA**

4. FEI Number  
**20-1041784**

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** DATE **2-15-05**

(NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD BARGER, MICHAEL E 4200 4TH ST NO. SUITE D ST. PETERSBURG FL 33703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEFANICK, JUDY K 4200 4TH ST NO. SUITE D ST. PETERSBURG FL 33703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWAN, JAMES J 3839 4TH ST. NO. SUITE 390 ST. PETERSBURG FL 33703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11001 DANKA WAY N. #3                  ST. PETERSBURG, FL 33716</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STD                  JUDY K. HUMBARGER                  11001 DANKA WAY N. #3                  ST. PETERSBURG, FL 33716</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael E. Barger* **MICHAEL E. BARGER** DATE **2-15-05** DAYTIME PHONE # **727-520-7711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR