

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90335 002 ****61.25

50038199



DOCUMENT # N04000003729 1. Entity Name CONCERNED PALMETTO BAY RESIDENTS, INC.																													
Principal Place of Business 6960 S.W. 144 STREET PALMETTO BAY, FL 33158			Mailing Address 6960 S.W. 144 STREET PALMETTO BAY, FL 33158																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																									
GIBBS, W. TUCKER 215 GRAND AVE. COCONUT GROVE, FL 33133				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GUTHRIE, STEWART</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6960 S.W. 144 STREET</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>PALMETTO BAY, FL 33158</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	GUTHRIE, STEWART		STREET ADDRESS	6960 S.W. 144 STREET		CITY- ST- ZIP	PALMETTO BAY, FL 33158		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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TITLE D <input type="checkbox"/> Delete NAME PALM, PAULA STREET ADDRESS 8995 S.W. 152ND ST. CITY- ST- ZIP PALMETTO BAY, FL 33158			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP																										
TITLE D <input type="checkbox"/> Delete NAME REID, PAMELA STREET ADDRESS 7201 S.W. 144 ST. CITY- ST- ZIP PALMETTO BAY, FL 33158			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP																										
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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: <u>Stewart Guthrie</u> Stewart Guthrie <u>4/12/05</u> <u>305-233-6391</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													