

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2005 8:00 am
Secretary of State

05-04-2005 90144 029 ****61.25

DOCUMENT # N04000006513 1. Entity Name CULBREATH KEY BAYSIDE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5000 CULBREATH KEY WAY TAMPA, FL 33611			Mailing Address 5000 CULBREATH KEY WAY TAMPA, FL 33611		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1379733	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCNEAL, RAND E CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE, SUITE 260 CLEARWATER, FL 33876				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)					
Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	PD	☐ Change ☒ Addition
NAME	DAVIS, GARY		NAME	Wayne Evans	
STREET ADDRESS	545 E. JOHN W. CARPENTER FREEWAY STE 550		STREET ADDRESS	5000 Culbreath Keyway Unit 1-302	
CITY-ST-ZIP	IRVING, TX 75062		CITY-ST-ZIP	Tampa, FL 33611	
TITLE	VD	☒ Delete	TITLE	VD	☐ Change ☒ Addition
NAME	JENNINGS, EVAN		NAME	Morgan Porter	
STREET ADDRESS	3340 PEACHTREE ROAD NE SUITE 2270		STREET ADDRESS	5000 Culbreath Keyway Unit 9324	
CITY-ST-ZIP	ATLANTA, GA 30326		CITY-ST-ZIP	Tampa, FL 33611	
TITLE	STD	☒ Delete	TITLE	SP	☐ Change ☒ Addition
NAME	GREENWALD, KERI		NAME	Stephen Beachy	
STREET ADDRESS	3340 PEACHTREE ROAD NE SUITE 2270		STREET ADDRESS	5000 Culbreath Keyway Unit 1305	
CITY-ST-ZIP	ATLANTA, GA 30326		CITY-ST-ZIP	Tampa, FL 33611	
TITLE		☐ Delete	TITLE	TD	☐ Change ☒ Addition
NAME			NAME	Thomas Haas	
STREET ADDRESS			STREET ADDRESS	5000 Culbreath Keyway Unit 1106	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa, FL 33611	
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	Jeffery Kaplan	
STREET ADDRESS			STREET ADDRESS	5000 Culbreath Keyway Unit 9225	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa, FL 33611	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Wayne Evans SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/27/05 Date		
Wayne Evans, President Signature			813-835-9082 Daytime Phone #		

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