

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90038 032 \*\*\*\*61.25

**DOCUMENT # N06000009210**

1. Entity Name

1708 4TH AVENUE PLACE OWNERS' ASSOCIATION,  
INC.



Principal Place of Business

6913 HARNEY RD  
TAMPA FL 33617

Mailing Address

6913 HARNEY RD  
TAMPA FL 33617

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

6604 HARNEY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste E

City & State

City & State

TAMPA, FL

Zip

Country

Zip

Country

33610

USA

1st MOORE ---CR2E037--(10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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

CARNEY, SEAN  
6913 HARNEY RD  
TAMPA FL 33617

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

**FILE NOW FEE IS \$61.25**  
**Due By May 1, 2008**

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 D ☐ Delete  
NAME CARNEY, SEAN  
STREET ADDRESS 6913 HARNEY RD  
CITY-ST-ZIP TAMPA FL 33617

TITLE D ☐ Delete  
NAME MARTUCCI, DANIEL  
STREET ADDRESS 6913 HARNEY RD  
CITY-ST-ZIP TAMPA FL 33617

TITLE D ☐ Delete  
NAME CARNEY, DANIEL  
STREET ADDRESS 6913 HARNEY RD  
CITY-ST-ZIP TAMPA FL 33617

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  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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 exemptions contained in Section 119, 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]*

2/5/08