

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90032 010 ****61.25

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01232005 Chg-NP CR2E037 (10/03)

DOCUMENT # N10462					
1. Entity Name ANNA MARIA SQUARE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3909 E. BAY DR., STE. 7 HOLMES BEACH, FL 34217			Mailing Address 3909 E. BAY DR., STE. 7 HOLMES BEACH, FL 34217		
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 65-0115962	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BARRESE, PAUL J., M.D. 3909 EAST BAY DRIVE SUITE 7 HOLMES BEACH, FL 34217				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PELHAM, STEPHEN		NAME		
STREET ADDRESS	3909 EAST BAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YATROS, GY		NAME		
STREET ADDRESS	3909 EAST BAY DR.		STREET ADDRESS		
CITY-ST-ZIP	HOLMES BCH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARRESE, PAUL		NAME		
STREET ADDRESS	3909 E.BAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HOLMES BCH., FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOSFELD, SCOTT		NAME		
STREET ADDRESS	3909 E BAY DR		STREET ADDRESS		
CITY-ST-ZIP	HOLMES BCH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOPER, BEN		NAME		
STREET ADDRESS	3909 EAST BAY DR		STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH, FL 34217		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: <i>Ben Cooper</i>				Date: 1-28-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	