

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90151 042 \*\*\*\*61.25

**DOCUMENT # N10817**

1. Entity Name  
**FOUR FARRELL PARK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**2595 TAMPA RD  
SUITE H  
PALM HARBOR, FL 34684**

Mailing Address  
**2595 TAMPA RD  
SUITE H  
PALM HARBOR, FL 34684**

**50024059**



2. Principal Place of Business  
**4174 WOODLANDS PKWY.**  
Suite, Apt. #, etc.

3. Mailing Address  
**4174 WOODLANDS PKWY.**  
Suite, Apt. #, etc.

01122005 Chg-NP CR2E037 (10/03)

City & State  
**PALM HARBOR, FL**  
Zip  
**34685** Country

City & State  
**PALM HARBOR, FL**  
Zip  
**34685** Country

4. FEI Number  
**59-2617051** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SLEMENT, IAN  
2595 TAMPA RD  
SUITE H  
PALM HARBOR, FL 34684**

7. Name and Address of New Registered Agent  
Name  
**FIRST CHOICE ASSOCIATION MANAGEMENT, INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4174 WOODLANDS PARKWAY**  
City  
**PALM HARBOR** FL Zip Code  
**34685**

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

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HONOR, AUDREY 3423 MERMOOR DR #105 PALM HARBOR, FL 34685 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARCELLO, FRANK 3423 MERMOOR DR. #301 PALM HARBOR, FL 34685 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GOOD, GILBERT 3423 MERMOOR DR, 109 PALM HARBOR, FL 34605 <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	PRESIDENT HONOR, AUDREY 3423 MERMOOR DR. #105 PALM HARBOR, FL 34685 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT GILPIN, VERA 3423 MERMOOR DR. #206 PALM HARBOR, FL 34685 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER GILBERT GOOD 3423 MERMOOR, DR. #109 PALM HARBOR, FL 34685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY REGINE GOOD 3423 MERMOOR DR. #109 PALM HARBOR, FL 34685 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER & LARGE ROBERT ELMORE 3423 MERMOOR, #207 PALM HARBOR, FL 34685 <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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/28/05**