
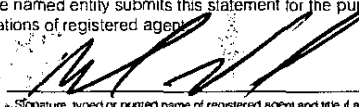
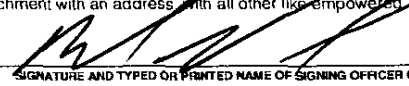


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90344 048 \*\*\*\*61.25

<b>DOCUMENT # N20560</b> 1. Entity Name <b>TAMPA SHORES/IMPERIAL KEY CIVIC ASSOCIATION, INC.</b>					
Principal Place of Business <b>10731 DRUMMOND</b> <b>TAMPA, FL 33615 US</b>			Mailing Address <b>10731 DRUMMOND</b> <b>C/O KEVIN HENIKA</b> <b>TAMPA, FL 33615 US</b>		
2. Principal Place of Business <b>6201 IMPERIAL KEY</b>		3. Mailing Address <b>10731 Drummond</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>33615</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HENIKA, KEVIN</b> <b>10731 DRUMMOND</b> <b>TAMPA, FL 33615</b>			7. Name and Address of New Registered Agent Name <b>MIKE NELSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>6201 IMPERIAL KEY</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33615</b>		
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 reconstituting) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCLURE, LARRY 10741 DRUMMOND TAMPA, FL 33615	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MIKE NELSON 6201 IMPERIAL KEY TAMPA FL 33615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRIS, ROD IMPERIAL KEY TAMPA, FL 33615	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Entertainment Comm. MEGHAN LE BLANC 10701 DOWRY AVE. TAMPA FL 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENIKA, KEVIN 10731, DRUMMOND TAMPA, FL 33615	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRIS WOLFE Director Comm. Stds. Comm. 5823 IMPERIAL KEY TAMPA FL 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBC WARE, CELINE 5741 IMPERIAL KEY TAMPA, FL 33615	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOODS, ETHYL TAMPA SHORES TAMPA, FL 33615	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DWC WARE, BRAD 5741 IMPERIAL KEY TAMPA, FL 33615	<input type="checkbox"/> Delete	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 # _____					