
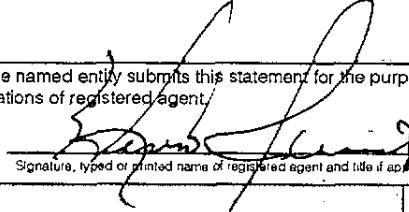



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N20560</b>					
1. Entity Name <b>TAMPA SHORES/IMPERIAL KEY CIVIC ASSOCIATION, INC.</b>					
Principal Place of Business <b>6201 IMPERIAL KEY TAMPA FL 33615 US</b>			Mailing Address <b>10731 DRUMMOND C/O KEVIN HENIKA TAMPA FL 33615 US</b>		
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 <b>NO-T APPLICABLE</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NELSON, MIKE 6201 IMPERIAL KEY TAMPA FL 33615</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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		DATE <b>6.30.05</b>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NELSON, MIKE		NAME		
STREET ADDRESS	6201 IMPERIAL KEY		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33615		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		
NAME	HARRIS, ROD		NAME		
STREET ADDRESS	IMPERIAL KEY		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33615		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENIKA, KEVIN		NAME		
STREET ADDRESS	10731 DRUMMOND		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33615		CITY-ST-ZIP		
TITLE	DBC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARE, CELINE		NAME		
STREET ADDRESS	5741 IMPERIAL KEY		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33615		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOODS, ETHYL		NAME		
STREET ADDRESS	TAMPA SHORES		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33615		CITY-ST-ZIP		
TITLE	DWC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARE, BRAD		NAME		
STREET ADDRESS	5741 IMPERIAL KEY		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33615		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)(f), 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: 		Date <b>6.30.05</b> Daytime Phone # <b>813-274-5678</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					