


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # N20560	
1. Entity Name TAMPA SHORES/IMPERIAL KEY CIVIC ASSOCIATION, INC.	

Principal Place of Business 6201 IMPERIAL KEY TAMPA, FL 33615 US	Mailing Address 10731 DRUMMOND C/O KEVIN HENIKA TAMPA, FL 33615 US
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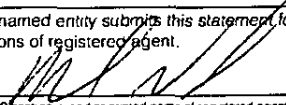
03252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NELSON, MIKE 6201 IMPERIAL KEY TAMPA, FL 33615	DO NOT WRITE IN THIS SPACE
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8. The above named entry 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  DATE 3-25-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

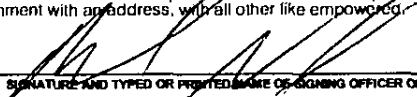
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELSON, MIKE 6201 IMPERIAL KEY TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRIFFIS, GEORGE 6204 IMPERIAL KEY TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENIKA, KEVIN 10731 DRUMMOND TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBC WARE, CELINE 5741 IMPERIAL KEY TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRINGFELLOW, TINA 10723 DALTON TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DWC WARE, BRAD 5741 IMPERIAL KEY TAMPA, FL 33615

U00000872486
04/10/08-80040-008 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  3-25-08 813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #