

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20560

FILED
Jan 09, 2009
Secretary of State

Entity Name: TAMPA SHORES/IMPERIAL KEY CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

6201 IMPERIAL KEY
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

10731 DRUMMOND
C/O KEVIN HENIKA
TAMPA, FL 33615 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NELSON, MIKE
6201 IMPERIAL KEY
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NELSON, MIKE
Address: 6201 IMPERIAL KEY
City-St-Zip: TAMPA, FL 33615

Title: VP () Delete
Name: GRIFFIS, GEORGE
Address: 6204 IMPERIAL KEY
City-St-Zip: TAMPA, FL 33615

Title: T () Delete
Name: HENIKA, KEVIN
Address: 10731 DRUMMOND
City-St-Zip: TAMPA, FL 33615

Title: DBC () Delete
Name: WARE, CELINE
Address: 5741 IMPERIAL KEY
City-St-Zip: TAMPA, FL 33615

Title: S () Delete
Name: STRINGFELLOW, TINA
Address: 10723 DALTON
City-St-Zip: TAMPA, FL 33615

Title: DWC () Delete
Name: WARE, BRAD
Address: 5741 IMPERIAL KEY
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN HENIKA

T

01/09/2009

Electronic Signature of Signing Officer or Director

Date