


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90051 046 ****61.25

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|---|---|---|---|---|--|
| DOCUMENT # N46656 1. Entity Name HARBOUR ISLAND MARINA ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 424 KNIGHT'S RUN AVE TAMPA FL 33602 US | | | | Mailing Address 424 KNIGHT'S RUN AVE TAMPA FL 33602 US | |
| 2. Principal Place of Business 777 S. HARBOUR ISLAND BLVD Suite, Apt. #, etc. SUITE 270 City & State TAMPA, FL Zip 33602 | | 3. Mailing Address 777 S. HARBOUR ISLAND BLVD Suite, Apt. #, etc. SUITE 270 City & State TAMPA, FL Zip 33602 | | | |
| Country USA | | Country USA | | 4. FEI Number 59-3098939 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent CONDOMINIUM ASSOCIATES - NAN CORVELL, LCAM 424 KNIGHTS RUN AVE TAMPA FL 33602 | | | 7. Name and Address of New Registered Agent Name CONDOMINIUM ASSOCIATES Street Address (P.O. Box Number is not acceptable) 777 S. HARBOUR ISLAND BLVD, STE 270 City TAMPA, FL 33602 FL | | |
| 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 <u><i>Kathy Bramhall</i></u> <u><i>PROPERTY MANAGER KATHY BRAMHALL, LCAM</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 9. Election Campaign Financing: Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD FITZGIBBONS, JOHN 911 MOORING CIR TAMPA FL 33602 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVP HEIDE, KATHLEEN 815 SEDDON COVE WAY TAMPA FL 33602 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DST SNYDER, BILL 713 SEDDON COVE WAY TAMPA FL 33602 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ALLEY, RUTH 905 MARINER WAY TAMPA FL 33602 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BARNES, STEVE 917 HARBOUR BAYDR TAMPA FL 33602 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DST ESSERMAN, BUD 908 ANCHORAGE RD. TAMPA, FL 33602 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | BURNS, STEVE 917 HARBOUR BAY DRIVE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | (Empty) | <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: <u><i>[Signature]</i></u> <u><i>4-9-04</i></u> <u><i>813-221-8800</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |