2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90036 046 ****61.25

DOCUMENT # N92000000154

1. Entity Name
BIARRITZ VILLAGE ASSOCIATION, INC.

Principal Place of Business
~~4104 WEST LINEBAUGH AVENUE~~
~~STE 201~~
~~TAMPA, FL 33624~~

Mailing Address
4131 GUNN HIGHWAY
TAMPA, FL ~~33624~~

50026605

02092005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
4131 Gunn Highway
Suite, Apt. #, etc.
City & State
Tampa, Florida
Zip 33618
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip 33618
Country

4. FEI Number 59-3171749
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
TANKEL, ROBERT
1022 MALN STREET STE D
DUNEDIN, FL 34698

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D ☒ Delete	TITLE	PD ☐ Change ☒ Addition
NAME	MCNALLY, VINCENT	NAME	Martin, Don
STREET ADDRESS	18802 AVENUE BIARNITZ	STREET ADDRESS	18816 Place Antibes
CITY-ST-ZIP	LUTZ, FL 33558	CITY-ST-ZIP	Lutz, FL 33558
TITLE	PD ☒ Delete	TITLE	SD ☐ Change ☒ Addition
NAME	LYMAN, JIM	NAME	Harrold, Tricia
STREET ADDRESS	18904 AVENUE BIARRITZ	STREET ADDRESS	18930 Avenue Biarritz
CITY-ST-ZIP	LUTZ, FL 33558	CITY-ST-ZIP	Lutz, FL 33558
TITLE	SD ☒ Delete	TITLE	TD ☐ Change ☒ Addition
NAME	FRIMMER, LYNNETTE	NAME	Weill, Mike
STREET ADDRESS	18808 PLACE ANTIBES	STREET ADDRESS	18922 Place Marquette
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP	Lutz, FL 33558
TITLE	TD ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	WAKELAND, CINDY	NAME	Rauch, Eric
STREET ADDRESS	18904 PLACE MARQUETTE	STREET ADDRESS	18901 Avenue Biarritz
CITY-ST-ZIP	LUTZ, FL 33558	CITY-ST-ZIP	Lutz, FL 33558
TITLE	D ☒ Delete	TITLE	D ☐ Change ☐ Addition
NAME	TOMLINSON, JOE	NAME	Krekorian, Mark
STREET ADDRESS	18927 AVENUE BIARRITZ	STREET ADDRESS	18908 Place Marquette
CITY-ST-ZIP	LUTZ, FL 33558	CITY-ST-ZIP	Lutz, FL 33558
TITLE	VPD ☒ Delete	TITLE	D ☐ Change ☐ Addition
NAME	KAULMAN, LARRY	NAME	Kaufman, Larry
STREET ADDRESS	18920 PLACE MARGUERTA	STREET ADDRESS	18920 Place Marquette
CITY-ST-ZIP	LUTZ, FL 33558	CITY-ST-ZIP	Lutz, FL 33558

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: Donald J. Martin DONALD J. MARTIN 2/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 813-948-8790