

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000006825

1. Entity Name
**CONTRACTORS' SQUARE PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**235 STATE ROAD 207, UNIT 1
ST AUGUSTINE, FL 32086**

Mailing Address
**17 OCEAN WOODS DR. W.
ST. AUGUSTINE BEACH, FL 32084**



03042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3547119

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SLEEPER, CHARLES F
17 OCEAN WOODS DR. W.
ST. AUGUSTINE BEACH, FL 32084**

**DO NOT WRITE
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SLEEPER, CHARLES F
STREET ADDRESS	17 OCEAN WOODS DR. W.
CITY-ST-ZIP	ST. AUGUSTINE BEACH, FL 32084
TITLE	D
NAME	YOUNG, JAMES E
STREET ADDRESS	235 ST. RD. 207
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	D
NAME	SLEEPER, LILA P
STREET ADDRESS	17 OCEAN WOODS DR W
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/15/05-80066-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Charles F SLEEPER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05 904-8299370
Date Daytime Phone #