

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000003676

1. Entity Name
SOUTH VENICE CONSERVATION ASSOCIATION, INC.



Principal Place of Business
**601 BAYSHORE BLVD, SUITE 650
TAMPA, FL 33606**

Mailing Address
**601 BAYSHORE BLVD, SUITE 650
TAMPA, FL 33606**



04282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3588838

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MEEHAN, JEFFREY B
601 BAYSHORE BLVD, SUITE 650
TAMPA, FL 33606**

**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 reinstalling)

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 FUNK, CHARLES B
STREET ADDRESS 601 BAYSHORE BLVD, SUITE 650
CITY-ST-ZIP TAMPA, FL 33606

TITLE D
NAME MEEHAN, JEFFREY B
STREET ADDRESS 601 BAYSHORE BLVD, SUITE 650
CITY-ST-ZIP TAMPA, FL 33606

TITLE D
NAME BEYCHOK, DAN
STREET ADDRESS 601 BAYSHORE BLVD, SUITE 650
CITY-ST-ZIP TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U990000360521
05/05/05-80035-006 61.25

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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: _____

JEFF MEEHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/05 813 261-1021