

**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000086417

1. Entity Name
PORT TAMPA COMMUNITIES, INC.



Principal Place of Business
400 NORTH TAMPA STREET, SUITE 2300
TAMPA, FL 33602

Mailing Address
400 NORTH TAMPA STREET, SUITE 2300
TAMPA, FL 33602



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3668128

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCCAIN, CARTER B
400 N. TAMPA ST., STE. 2300
TAMPA, FL 33602

**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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KIRSCHNER, CHRISTOPHER G
STREET ADDRESS 400 NORTH TAMPA STREET, SUITE 2300
CITY-ST-ZIP TAMPA, FL 33602

TITLE VD
NAME MCCAIN, CARTER B
STREET ADDRESS 400 TAMPA STR-STE 2300
CITY-ST-ZIP TAMPA, FL 33602

TITLE STD
NAME HOLDSWORTH, GREG
STREET ADDRESS 400 NORTH TAMPA STREET, SUITE 2300
CITY-ST-ZIP TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000004590
01/15/04-80019-006 150.00

**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)(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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARTER B. MCCAIN

1/6/04

813 223 4200