

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000115371

1. Entity Name
5252 TAMPA ASSOCIATES, INC.



Principal Place of Business
71 SOUTH BEDFORD ROAD
MT. KISCO, NY 10549

Mailing Address
71 SOUTH BEDFORD ROAD
MT. KISCO, NY 10549

FILED
Aug 10, 2004 08:00 AM
Secretary of State



07312004 No Chg-P CR2E034 (10/03)

4. FEI Number
75-2991846

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAFLEY, MICHAEL K
2051 RANGE RD
CLEARWATER, FL 34625

**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 re-registering)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MATLIN, GERALD W
71 SOUTH BEDFORD ROAD
MT. KISCO, NY 10549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SILVER, MARTIN
71 S BEDFORD RD
MOUNT KISCO, NY 10549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CIARLETTA, PERRY
71 S BEDFORD RD
MOUNT KISCO, NY 10549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000163830
08/10/04-80001-024 550.00

**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 19.07(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 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:

Perry Ciारletta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-04

Date

718 479-3300

Daytime Phone #