

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000022439

1. Entity Name
764 DUNEDIN ASSOCIATES, INC.



Principal Place of Business
764 MAIN STREET
DUNEDIN, FL 34698

Mailing Address
764 MAIN STREET
DUNEDIN, FL 34698

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



07312004 No.Chg-P CR2E034 (10/03)

4. FEI Number
13-3908833

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 ROAD
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 reinstating)

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
P
SILVER, MARTIN
71 S BEDFORD RD
MT KISCO, NY

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
MARTIN, GERALD
71 S BEDFORD RD
MT KISCO, NY

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
CIARLETTA, PERRY
71 SOUTH BEDFORD RD
MT KISCO, NY

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000169831
08/10/04-80001-025 550.00

**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 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:

Perry Ciारletta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-5-04

(718) 479-3300