

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 734377</b> 1. Entity Name <b>THE FRIENDLY NATIVE BEACH RESORT CONDOMINIUM, INC.</b>	
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Principal Place of Business <b>6700 SUNSET WAY ST PETERSBURG BEACH FL 33706-2053</b>	Mailing Address <b>6700 SUNSET WAY ST PETERSBURG BEACH FL 33706-2053</b>
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>59-1656341</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip
		Country

**6. Name and Address of Current Registered Agent**

**HURLEY, J. K  
6700 SUNSET WAY  
ST PETERSBURG BEACH FL 33706**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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: J. K. Hurley (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>VICKERS, LARRY</b> <b>640 VALLEY FORCE RD</b> <b>COOKEVILLE TN</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>RAAB, RICHARD</b> <b>2263 WEST LIBERTY</b> <b>ANN ARBOR MI</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <b>ALMERIC, MARJORIE</b> <b>807 W INDIANA AVE.</b> <b>TAMPA FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <b>GARCIA, DULCE MARIA V</b> <b>4808 DARBY AVE.</b> <b>TAMPA FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>SWENSON, GLENN</b> <b>3521-6TH AVE., N.</b> <b>ST. PETERSBURG FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>MARTINEZ A G</b> <b>908 W VIRGINIA AVE</b> <b>TAMPA FL</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <p style="text-align: center;">U00000341190 04/29/05-80006-008 61.25</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Paul Paul VP Date: 4/22/05 Daytime Phone #: 727-360-2076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR