

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90050 014 ****61.25

DOCUMENT # N02000006470

1. Entity Name

I-19 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

4200 4 ST NORTH, STE D
ST PETERSBURG FL 33703

Mailing Address

4200 4 ST NORTH, STE D
ST PETERSBURG FL 33703

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3734409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEFANICK, JUDY K
4200 4 ST NORTH, STE D
ST PETERSBURG FL 33703

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 **DP** ☐ Delete
NAME **BARGER, MICHAEL E**
STREET ADDRESS **4200 4 ST NORTH, STE D**
CITY-ST-ZIP **ST PETERSBURG FL 33703**

TITLE **DST** ☐ Delete
NAME **STEFANICK, JUDY K**
STREET ADDRESS **4200 4 ST NORTH, STE D**
CITY-ST-ZIP **ST PETERSBURG FL 33703**

TITLE **D** ☒ Delete
NAME **ROWAN, JAMES J**
STREET ADDRESS **3839 4 ST NORTH, STE 390**
CITY-ST-ZIP **ST PETERSBURG FL 33703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DST** ☐ Change ☒ Addition
NAME **JOHN TENDALL**
STREET ADDRESS **541 RANGER LANE**
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **D** ☒ Change ☐ Addition
NAME **JUDY K. STEFANICK**
STREET ADDRESS **4200 4TH ST. N., STE D**
CITY-ST-ZIP **ST. PETERSBURG, FL 33703**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-04

Date

727-520-7711

Daytime Phone #