


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

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90084 024 ****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 11001 DANKA WAY N. Suite, Apt. #, etc. #3 City & State ST. PETERSBURG FL Zip 33716 Country USA	3. Mailing Address 11001 DANKA WAY N. Suite, Apt. #, etc. #3 City & State ST. PETERSBURG, FL Zip 33716 Country USA
---	--



1st MOORE CR2E037 (10/04)

4. FEI Number 04-3734409	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 JUDY K. HUMBARGER Street Address (P.O. Box Number is Not Acceptable) 11001 DANKA WAY N. #3 City ST. PETERSBURG FL Zip Code 33716	

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 *Judy K. Humbarger* **JUDY K. HUMBARGER** **2-15-05**
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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARGER, MICHAEL E 4200 4 ST NORTH, STE D ST PETERSBURG FL 33703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11001 DANKA WAY N. #3 ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEFANICK, JUDY K 4200 4 ST NORTH, STE D ST PETERSBURG FL 33703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D JUDY K. HUMBARGER 11001 DANKA WAY N. #3 ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TENDALL, JOHN 541 RANGER LANE LONGBOAT KEY FL 34228 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *Michael E. Barger* **MICHAEL E. BARGER** **2-15-05** **727-520-7711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #