DOCUMENT # 738227

1. Entity Name

SOUTHBAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3. Mailing Address

7430 34TH ST., SOUTH ST. PETERSBURG FL 33711

7430 SUNSHINE S

7430 34TH ST., SOUTH

ST. PETERSBURG FL 337t1-5109

1430 SUNSHINE SKYWAY LN.

FILED May 16, 2000 8:00 am Secretary of State

03-08-2000 90044 029 ****61.25



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City & Stat ST. PE 1	ERS BURG, FLORIDA	City & State ST. PETERS BUR	G. FLORISA	4. FEI Number NOT APPLICAB	. 	ed For
33711	Country 4.5.A	Zip 33711	Country/.SA	5. Certificate of Status Desired [\$8.75 Addition	··
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LARRY HAYDEN NEIGHBARGER, ALLEN 7400 SUNSHINE SKYWAY LANE SOUTH UNIT #120 B ST. PETERSBURG FL 33711 City 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 SIGNATURE SIGNATURE SITURE SITURE (NOTE: Registered Agent signature required when reinstating) DATE						
40	FILE NOW: FEE IS \$61,25	9. Election Campaign Fi Trust Fund Contribution	on. 🗆 Add	\$5.00 May Be Make Check Payable to Added to Fees Department of State		
10.	OFFICERS AND DIR		11.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 1	0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEIGHBARGER, ALLEN 7480 SUNSHINE SKYWAY LANE S ST. PETERSBURG 33 33711		CHY-ST-ZIP 57.	PETE, PL 33711		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOWARD, SALLY 7430 SUNSHINE SKYWAY LANE S ST. PETERSBURG FL 33711	Manage Delete	TITLE NAME STREET ADDRESS	LEW NEIGHBARGER OU SULSHILE SKY OMS PETE, FL 33711	ばChange レン	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WAGNER, WILLIAM 7130 SUNSHINE SKYWAY LANE S ST. PETERSBURG FL 33711	□ Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS THORNTON, LARRY 7430 SUNSHINE SKYWAY LN S ST. PETERSBURG FL 33711	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DOA 740 ST	NA SARAFIN O-SUNSHINE SKYWAY PETE, PL 33711	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CIFY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I fur	☐ Change	Addition

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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:

REQUIRED WALD. WAGNER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-00

-- Date

Daytime Phone #