## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N04000006665

TI FILED
Oct 21, 2009
Secretary of State

Entity Name: THE SEYBOLD FLATS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2002 N LOIS AVE SUITE 507 TAMPA, FL 33607

Current Mailing Address: New Mailing Address:

2002 N LOIS AVE SUITE 507 TAMPA, FL 33607

FEI Number: 20-3218542 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COMMUNITY ASSOCIATION MANAGEMENT SVCS 2002 N LOIS AVE SUITE 507 TAMPA, FL 33607 US

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:

Flacture Complete of Davidson I Asset

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LANDERS, JAMES F
Address: 5514 LIBERTY PLAIN CIRCLE

City-St-Zip: TAMPA, FL 33611

 Title:
 VP
 ( ) Delete

 Name:
 RAPPAPORT, JASON

 Address:
 5514 LIBERTY PLAIN CIRCLE

City-St-Zip: TAMPA, FL 33611

Title: S ( ) Delete
Name: BYRNE, MELISSA

Address: 5514 LIBERTY PLAIN CIRCLE

City-St-Zip: TAMPA, FL 33611

Title: D (X) Delete
Name: HUDSON, ALAN

Address: 5514 LIBERTY PLAIN CIRCLE

City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title: P (X) Change ( ) Addition

Name: HARRELL, ELAINE

Address: 435 S. OREGON AVENUE, #301

City-St-Zip: TAMPA, FL 33606

Title: VP (X) Change ( ) Addition

Name: WHITNEY, BRIAN

Address: 435 S. OREGON AVENUE, #402

City-St-Zip: TAMPA, FL 33606

Title: S (X) Change ( ) Addition

Name: BOOKOUT, RYAN

Address: 435 S. OREGON AVENUE, #303

City-St-Zip: TAMPA, FL 33606

Title: ( ) Change ( ) Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN K. LAMB CEO 10/21/2009