

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N22474	
1. Entity Name LA SAL MOTEL CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 530 MANDALAY AVENUE CLEARWATER BEACH, FL 33767	Mailing Address 530 MANDALAY AVENUE CLEARWATER BEACH, FL 33767
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DO NOT WRITE IN THIS SPACE



04102008 No Chg-NP CR2E037 (4/08)

4. FEI Number 59-2852132	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KANS, BRENDA 2181 CHANTILLY LANE DUNEDIN, FL 34698

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYDON, CHARLES R 1601 DRUID RD CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOENIG, NORBET 44 EILEEN AVENUE PLAINVIEW, NY 11803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KANS, BRENDA 2181 CHANTILLY LANE DUNEDIN, FL 34698
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04/25/08-80066-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Brenda Kans* **BRENDA KANS** *4/10/08* *727 785 6603*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #