

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90039 026 ****61.25

DOCUMENT # N16730

1. Entity Name

**5282 95TH STREET NORTH CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**5282 95TH ST. N.
UNIT #2
ST. PETERSBURG FL 33708**

Mailing Address

**11000 70TH AVENUE NORTH
SEMINOLE FL 33772**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

5282 95th Street N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 2

City & State

St. Pete FL

Zip

Country

33708

Country

USA

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2877527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAUL, JAMES
11000 70TH AVENUE NORTH
SEMINOLE FL 33772**

Name

Anthony Sabba

Street Address (P.O. Box Number is Not Acceptable)

5282 95th St. N. Unit 2

City

St. Pete

FL

Zip Code

33708

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, the registered agent.

SIGNATURE

Anthony Sabba President

2/27/08

(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, 2008

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 **PD** ☐ Delete
NAME **ANTHONY SABBA**
STREET ADDRESS **5282 95TH ST. N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33708**

TITLE **TD** ☒ Delete
NAME **SAUL, JAMES J**
STREET ADDRESS **5282 95TH STREET N**
CITY-ST-ZIP **ST. PETERSBURG FL 33708**

TITLE **SD** ☐ Delete
NAME **SABBA, DAWNE**
STREET ADDRESS **5282 95TH ST. N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33708**

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

TITLE **TD** ☒ Change ☐ Addition
NAME **SCOTT HESTON**
STREET ADDRESS **5282 95th St. N.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33708**

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 exemptions contained in Section 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:

Anthony Sabba

(Signature and typed or printed name of signing officer or director)

2/27/08

727-399-9594