


**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      Mailing Address  
**5282 95TH ST. N. UNIT #2 ST. PETERSBURG FL 33708**      **11000 70TH AVENUE NORTH SEMINOLE FL 33772**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      **5282 95th Street N. UNIT 2**  
 City & State      **St. Pete FL**

4. FEI Number      Applied For  
**59-2877527**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

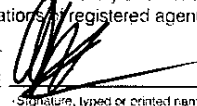


1st MOORE      CR2E037 (10/07)

6. Name and Address of Current Registered Agent  
**SAUL, JAMES**  
**11000 70TH AVENUE NORTH SEMINOLE FL 33772**

7. Name and Address of New Registered Agent  
 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, registered agent.

SIGNATURE  **Anthony Sabba President**      DATE **2/27/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25 Due By May 1, 2008**

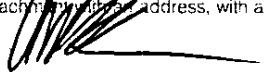
9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ANTHONY SABBA<br>5282 95TH ST. N.<br>ST. PETERSBURG FL 33708<br><input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SAUL, JAMES J<br>5282 95TH STREET N<br>ST. PETERSBURG FL 33708<br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TD<br>SCOTT HESTON<br>5282 95th St. N.<br>ST. PETERSBURG, FL 33708<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>SABBA, DAWNE<br>5282 95TH ST. N.<br>ST. PETERSBURG FL 33708<br><input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 my address, with all other like empowered.

SIGNATURE:



**2/27/08**      **727-399-9594**