

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734377

FILED
Apr 22, 2009
Secretary of State

Entity Name: THE FRIENDLY NATIVE BEACH RESORT CONDOMINIUM, INC.

Current Principal Place of Business:

6700 SUNSET WAY
ST PETERSBURG BEACH, FL 337062053

New Principal Place of Business:

Current Mailing Address:

6700 SUNSET WAY
ST PETERSBURG BEACH, FL 337062053

New Mailing Address:

FEI Number: 59-1656341 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HURLEY, J. K
6700 SUNSET WAY
ST PETERSBURG BEACH, FL 33706 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRISSORA, TED
Address: 643 WHITETAIL DR
City-St-Zip: GAHANG, OH

Title: VD () Delete
Name: MARTINS, JOHN
Address: 6 LINKS LN
City-St-Zip: BRAMPRON, ONTARIO CANADA,

Title: SD () Delete
Name: ALMERIC, MARJORIE
Address: 807 W INDIANA AVE.
City-St-Zip: TAMPA, FL

Title: TD () Delete
Name: GARCIA, DULCE MARIA V
Address: 4808 DARBY AVE.
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: SWENSON, GLENN
Address: 3521-6TH AVE.,N.
City-St-Zip: ST.PETERSBURG, FL

Title: D () Delete
Name: MARTINEZ A G
Address: 908 W VIRGINIA AVE
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TED FRISSORA

PD

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date