

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16730

1. Entity Name

5282 95TH STREET NORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

5282 95TH ST. N.

UNIT #5

ST. PETERSBURG FL 33708

Mailing Address

5282 95TH ST. N.

UNIT #5

ST. PETERSBURG FL 33708

2. Principal Place of Business

5282 95th St N

Suite, Apt. #, etc.

#2

St Pete

Zip

33708

Country

USA

3. Mailing Address

11000 70th Ave N

Suite, Apt. #, etc.

City & State

Seminole FL

Zip

33772

Country

USA

6. Name and Address of Current Registered Agent

NORMAN MAHON
5282 95TH STREET N.
#2
ST. PETERSBURG FL 33708

7. Name and Address of New Registered Agent

Name James Saul
Street Address (P.O. Box Number is Not Acceptable)
11000 70th Ave N
City Seminole FL Zip Code 33772

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 *James Saul*
Signature, typed or printed name of registered agent and title if applicable.

NORMAN MAHON
(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-03

FILE NOW: FEE IS \$61.25

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

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

TITLE SD
NAME SPAETH, DEBBIE ☐ Delete
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE:

James Saul
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90065 033 ****61.25

70010818



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2877527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/02)

1-14-03 727-391-8062