

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

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

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

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**~~

70010818



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**5282 95th St N
#2**

3. Mailing Address

11000 70th Ave N

City & State
St Pete

City & State
Seminole FL

4. FEI Number **59-2877527**

Applied For
Not Applicable

Zip
33708

Country
USA

Zip
33772

Country
USA

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

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)

1-14-03
DATE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ANTHONY SABBA	5282 95TH ST. N.	ST. PETERSBURG FL 33708	<input type="checkbox"/>
TD	SAUL, JAMES J	5282 95TH STREET N	ST. PETERSBURG FL 33708	<input type="checkbox"/>
SD	SPAETH, DEBBIE	5282 95TH ST. N.	ST. PETERSBURG FL 33708	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 all other like empowered.

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

1-14-03 **727-391-8062**
Date Telephone #

CR2E037 (10/02)