2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738227

Entity Name: SOUTHBAY CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 30, 2021
Secretary of State
6735624785CC

Current Principal Place of Business:

SOUTHBAY CONDOMINIUMS 7430 SUNSHINE SKYWAY LANE S., #203E/OFFICE SAINT PETERSBURG, FL 33711

Current Mailing Address:

SOUTHBAY CONDOMINIUMS 7430 SUNSHINE SKYWAY LANE S. #203# / OFFICE SAINT PETERSBURG, FL 33711 US

FEI Number: 59-1756095 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ZACUR, GRAHAM, & COSTIS, P.A. 5200 CENTRAL AVE. SAINT PETERSBURG, FL 33707 US

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

Officer/Director Detail:

Title PRESIDENT Title PROPERTY MANAGER
Name CAPRIO, RAY Name GIORGIO, SHEILA

Address SOUTHBAY CONDOMINIUMS Address SOUTHBAY CONDO

SOUTHBAY CONDOMINIUMS
Address
SOUTHBAY CONDOMINIUMS
7430 SUNSHINE SKYWAY LANE S.,
7430 SUNSHINE SKYWAY LANE S.,

#203E/OFFICE #203E/OFFICE

City-State-Zip: SAINT PETERSBURG FL 33711 City-State-Zip: SAINT PETERSBURG FL 33711

 Title
 SECRETARY
 Title
 TREASURER

 Name
 MALONE, DAVID
 Name
 BOIKE, DAVID

Address SOUTHBAY CONDOMINIUMS Address SOUTHBAY CONDOMINIUMS

7430 SUNSHINE SKYWAY LANE S. 7430 SUNSHINE SKYWAY LANE S.

OFFICE #203

City-State-Zip: SAINT PETERSBURG FL 33711 City-State-Zip: SAINT PETERSBURG FL 33711

Title VP Title DIRECTOR

Name GLOS, JOHN Name LINDE, ELIZABETH

Address SOUTHBAY CONDOMINIUMS Address SOUTHBAY CONDOMINIUMS

7430 SUNSHINE SKYWAY LANE S., 7430 SUNSHINE SKYWAY LANE S.,

#203E/OFFICE #203E/OFFICE

City-State-Zip: SAINT PETERSBURG FL 33711 City-State-Zip: SAINT PETERSBURG FL 33711

I hereby 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 all other like empowered.

SIGNATURE: SHEILA GIORGIO PROPERTY MANAGER 03/30/2021