

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738227

Entity Name: SOUTHBAY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**SOUTHBAY CONDOMINIUMS
7430 SUNSHINE SKYWAY LANE S.,
SAINT PETERSBURG, FL 33711**Current Mailing Address:**SOUTHBAY CONDOMINIUMS
7430 SUNSHINE SKYWAY LANE S. OFFICE #203
SAINT PETERSBURG, FL 33711 US**FEI Number:** 59-1756095**Certificate of Status Desired:** No**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
Name FUMAROLA, PAUL
Address 7430 SUNSHINE SKYWAY LANE S.
 OFFICE
City-State-Zip: SAINT PETERSBURG FL 33711

Title DIRECTOR
Name REIDER, DIANE
Address 7430 SUNSHINE SKYWAY LANE S.
 #203 (OFFICE)
City-State-Zip: SAINT PETERSBURG FL 33711

Title TREASURER
Name BELLIN, PAULA
Address SOUTHBAY CONDOMINIUMS
 7430 SUNSHINE SKYWAY LANE S.
 OFFICE
City-State-Zip: SAINT PETERSBURG FL 33711

Title DIRECTOR
Name BOIKE, DAVID
Address SOUTHBAY CONDOMINIUMS
 7430 SUNSHINE SKYWAY LANE S.
 OFFICE #203
City-State-Zip: SAINT PETERSBURG FL 33711

Title VP
Name HOWARD, SALLY
Address 7430 SUNSHINE SKY WAY LANE S
 .OFFICE
City-State-Zip: SAINT PETERSBURG FL 33711

Title MANAGER, LCAM
Name CELLAMARE, SCOTT
Address SOUTHBAY CONDOMINIUMS
 7430 SUNSHINE SKYWAY LANE S.
 OFFICE
City-State-Zip: SAINT PETERSBURG FL 33711

Title SECRETARY
Name SNYDER, TERRI
Address SOUTHBAY CONDOMINIUMS
 7430 SUNSHINE SKYWAY LANE S.
 OFFICE
City-State-Zip: SAINT PETERSBURG FL 33711

Title DIRECTOR
Name BUTLER, VICTORIA
Address SOUTHBAY CONDOMINIUMS
 7430 SUNSHINE SKYWAY LANE S.
 OFFICE #203
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: SCOTT CELLAMARE**MANAGER, LCAM****03/15/2017**

Electronic Signature of Signing Officer/Director Detail

Date