2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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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
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	Title	VP
Name	FUMAROLA, PAUL	Name	HOWARD, SALLY
Address	7430 SUNSHINE SKYWAY LANE S. OFFICE	Address	7430 SUNSHINE SKY WAY LANE S .OFFICE
City-State-Zip:	SAINT PETERSBURG FL 33711	City-State-Zip:	SAINT PETERSBURG FL 33711
Title	DIRECTOR	Title	TREASURER
Name	REIDER, DIANE	Name	GRIMM, GILBERT
Address	7430 SUNSHINE SKYWAY LANE S. #203 (OFFICE)	Address	7430 SUNSHINE SKYWAY LANE S.OFFICE
City-State-Zip:	SAINT PETERSBURG FL 33711	City-State-Zip:	SAINT PETERSBURG FL 33711
Title	DIRECTOR	Title	DIRECTOR
Name	WILLIAMS, GLEN	Name	MESCIA, NADINE
Address	7430 SUNSHINE SKYWAY LANE S #203 (OFFICE)	Address	7430 SUNSHINE SKYWAY LN S OFFICE
City-State-Zip:	ST PETERSBURG FL 33711	City-State-Zip:	SAINT PETERSBURG FL 33711
Title	SECRETARY	Title	MANAGER
Name	LYONS, BRUCE	Name	CELLAMARE, SCOTT
Address	SOUTHBAY CONDOMINIUMS 7430 SUNSHINE SKYWAY LANE S. OFFICE	Address	SOUTHBAY CONDOMINIUMS 7430 SUNSHINE SKYWAY LANE S. 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: SCOTT CELLAMARE MANAGER 04/24/2014

Electronic Signature of Signing Officer/Director Detail — Date