

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16730

**FILED**  
**Apr 25, 2016**  
**Secretary of State**  
**CC4274426885**

**Entity Name:** 5282 95TH STREET NORTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5282 95TH ST. N.  
UNIT #2  
ST. PETERSBURG, FL 33708

**Current Mailing Address:**

5282 95TH STREET NORTH UNIT 2  
SAINT PETERSBURG, FL 33708

**FEI Number: 59-2877527**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SABBA, ANTHONY  
5282 95TH STREET NORTH UNIT 2  
SAINT PETERSBURG, FL 33708 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 PD  
Name ANTHONY SABBA  
Address 5282 95TH ST. N.  
City-State-Zip: ST. PETERSBURG FL 33708

Title SD  
Name SABBA, DAWNE  
Address 5282 95TH ST. N.  
City-State-Zip: ST. PETERSBURG FL 33708

Title TD  
Name HESTON, SCOTT  
Address 5282 95TH STREET NORTH  
City-State-Zip: SAINT PETERSBURG FL 33708

*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: ANTHONY SABBA**

**PRESIDENT**

**04/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date