

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723745

FILED
Feb 05, 2009
Secretary of State

Entity Name: SKY HARBOUR CONDOMINIUM APARTMENTS, INC

Current Principal Place of Business:

5901 SUN BLVD. 203
ST. PETERBURG, FL 33715 US

New Principal Place of Business:

Current Mailing Address:

5901 SUN BLVD. 203
ST. PETERBURG, FL 33715 US

New Mailing Address:

FEI Number: 59-1467639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PBM
5901 SUN BLVD #203
SAINT PETERSBURG, FL 33715 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PAPAS, TED
Address: 7200 SUNSHINE SKYWAY LANE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: TD () Delete
Name: RUDAT, IRMA
Address: 7200 SUNSHINE SKYWAY LANE SOUTH,
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: VP () Delete
Name: PROULX, ROGER
Address: 7200 SUNSHINE SKYWAY LANE SOUTH,
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: SD () Delete
Name: STEVENS, HAROLD
Address: 7200 SUNSHINE SKYWAY LANE SOUTH,
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: D () Delete
Name: ARMSTRONG, SCOTT
Address: 7200 SUNSHINE SKYWAY LANE SOUTH,
City-St-Zip: SAINT PETERSBURG, FL 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WCN

RA

02/05/2009

Electronic Signature of Signing Officer or Director

Date