

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90085 001 ****36.75
02-14-2005 90085 002 ****24.50

DOCUMENT # 724590



1. Entity Name
**PATRIOT SQUARE CONDOMINIUM ASSOCIATION OF
ST. PETERSBURG, FLORIDA, INC.**

Principal Place of Business
**C/O RESOURCE PROPERTY MGMT
7300 PARK ST
SEMINOLE, FL 33777**

Mailing Address
**C/O RESOURCE PROPERTY MGMT
7300 PARK ST
SEMINOLE, FL 33777**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005

Chg-NP

CR2E037 (10/03)

4. FEI Number

59-1406123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RESOURCE PROPERTY MGMT
7300 PARK ST.
SEMINOLE, FL 33777**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **VERITY, MARGARET**
STREET ADDRESS **4150 37TH ST S # 146**
CITY-STATE-ZIP **SAINT PETERSBURG, FL 33711**

TITLE **VD** ☐ Delete
NAME **BEREAN, LEONARDO**
STREET ADDRESS **3610 38TH AVE S # 87**
CITY-STATE-ZIP **SAINT-PETERSBURG, FL 33711**

TITLE **DT** ☐ Delete
NAME **ROGALSKI, ED**
STREET ADDRESS **3948 37TH STREET S # 23**
CITY-STATE-ZIP **SAINT PETERSBURG, FL 33711**

TITLE **ASD** ☒ Delete
NAME **SCHOB, BARBARA**
STREET ADDRESS **3947 35TH WAY S # 23**
CITY-STATE-ZIP **SAINT PETERSBURG, FL 33711**

TITLE **SD** ☒ Delete
NAME **KIDD, LESLEY**
STREET ADDRESS **3824 37TH STREET S # 66**
CITY-STATE-ZIP **SAINT PETERSBURG, FL 33711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☒ Addition
NAME **SD BURNETT-SLOTT, BETTYE**
STREET ADDRESS **3838 37TH ST. S. #60**
CITY-STATE-ZIP **ST. PETERSBURG, FL 33711**

TITLE ☐ Change ☒ Addition
NAME **D Babin, FRANK**
STREET ADDRESS **3585 41ST TERR. S. #228**
CITY-STATE-ZIP **ST. PETERSBURG, FL 33711**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Margaret Verity Pres.

1-31-05

727-581-2662