2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#724590

FILED Apr 17, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: C/O RESOURCE PROPETY MGMT 7300 PARK ST SEMINOLE, FL 33777 **New Mailing Address: Current Mailing Address:** C/O RESOURCE PROPETY MGMT 7300 PARK ST SEMINOLE, FL 33777 FEI Number: 59-1406123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RESOURCE PROPERTY MGMT 7300 PARK ST. SEMINOLE, FL 33777 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition O'BRIEN, AUDREY Name: Name: 3425 41ST TERRACE S. #202 Address: Address: SAINT PETERSBURG, FL 33711 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition MILOVANOVIC, JEANNE Name: MILOVANOVIC, JEANNE Name: Address: 3880 37TH STREET SOUTH #50 Address: 3880 37TH STREET SOUTH #50 City-St-Zip: SAINT PETERSBURG, FL 33711 City-St-Zip: SAINT PETERSBURG, FL 33711 Title: TD () Delete Title: (X) Change () Addition SALLERY, MARIE SALLEY, MARIE Name: Name: Address: 4138 37TH STREET S #142 Address: 4138 37TH STREET S #142 City-St-Zip: SAINT PETERSBURG, FL 33711 City-St-Zip: SAINT PETERSBURG, FL 33711 Title: 2VP () Delete Title: () Change () Addition Name: DAVIS, VERNE Name: Address: 3895 35TH WAY S #117 Address: City-St-Zip: SAINT PETERSBURG, FL 33711 City-St-Zip: Title: () Delete Title: () Change () Addition HENDERSON, MARIAN Name: Name: 3847 35TH WAY SOUTH #108 Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33711 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JEANNE MILOVANOVIC P 04/17/2007