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Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1998

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morikami  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 744622 (2)

1. Corporation Name

TULANE CONDOMINIUM ASSOCIATION OF ST. PETERSBURG, INC.



Principal Place of Business Mailing Address

4400 1ST STREET NO  
P.O. BOX 27094 (ZIP 33712)  
ST. PETERSBURG FL 33712-0094

P.O. BOX 11365  
P.O. BOX 27094 (ZIP 33712)  
ST. PETERSBURG FL 33733  
US

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified  
10/17/1978

4. FEI Number Applied For  
59-1909677 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C & L MAINTENANCE & MANAGEMENT  
2115 68TH AVENUE SOUTH  
ST. PETERSBURG FL 33712

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D / FANNING, GEORGE	1.1 TITLE	D / Treasurer
NAME	4400 1ST ST. NO	1.2 NAME	Fanning George
STREET ADDRESS	ST PETERSBURG FL	1.3 STREET ADDRESS	Same
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	VP/D
NAME	ORLANDO, SALVADORE	2.2 NAME	Orlando, Salvadore
STREET ADDRESS	4400 1ST STREET NO #313	2.3 STREET ADDRESS	4400 1st St No #313
CITY-ST-ZIP	ST. PETERSBURG FL 33712-0094	2.4 CITY-ST-ZIP	St Petersburg FL. 33703
TITLE	P	3.1 TITLE	Secy/D
NAME	SOMMER, MARJORIE	3.2 NAME	Carol McElroy
STREET ADDRESS	1298 CORDOVA BLVD N E	3.3 STREET ADDRESS	4400 1st St. no #109
CITY-ST-ZIP	ST. PETERSBURG, FL 00000	3.4 CITY-ST-ZIP	St Petersburg FL
TITLE	D	4.1 TITLE	Vangeloff, Alexander (D)
NAME	VANGELOFF, ALEXANDER	4.2 NAME	4400 1st St No #413
STREET ADDRESS	4400 1ST STREET NO #413	4.3 STREET ADDRESS	ST PETERSBURG FL. 33703
CITY-ST-ZIP	ST. PETERSBURG FL 33703	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	Pres/D
NAME	MELLEMA, GAYLE	5.2 NAME	Mellema Gayle
STREET ADDRESS	4910 BAY ST N.E.	5.3 STREET ADDRESS	Same
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Gayle E. Mellema* 3-11-98 813-803-8132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052166

CR2E037 (10/97)