2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 744622

Entity Name: TULANE CONDOMINIUM ASSOCIATION OF ST.PETERSBURG,INC.

Current Principal Place of Business:

11350 66TH ST N
STE 124
LARGO, FL 33773

New Principal Place of Business:

Current Mailing Address:

11350 66TH ST N
STE 124
LARGO, FL 33773 US

New Mailing Address:

FEI Number: 59-1909677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BABCOK, ROBERT A
11350 66TH ST N
STE 124
LARGO, FL 33773 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: SD ( ) Delete
Name: OLESKI, MARDI
Address: 4400 1ST ST NO #401
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: PD ( ) Delete
Name: MCELROY, CAROL
Address: 4400 1ST ST N
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D (X) Delete
Name: VIERLING, MARIA
Address: 4400 1ST ST NO, #305
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: VPD ( ) Delete
Name: MORKTA, TOM
Address: 4400 1ST ST N. #403
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: TD ( ) Delete
Name: MERCADANTS, CAROL
Address: 4400-1ST ST N
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: MCELROY, CAROL
Address: 4400 1ST STREET, NORTH #109
City-St-Zip: ST. PETERSBURG, FL 33710

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: TOM MORKTA VP 01/15/2009

Electronic Signature of Signing Officer or Director — Date