

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91772 042 \*\*\*\*61.25

**DOCUMENT # 744622**

1. Entity Name

**TULANE CONDOMINIUM ASSOCIATION OF ST.PETERSBURG, INC.**



Principal Place of Business

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

Mailing Address

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

**44003786**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 7696**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ST. PETE, FL**

4. FEI Number **59-1909677**

Applied For  
Not Applicable

Zip

Country

**33734**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
**AMERICAN ENTERPRISES - M + M - INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1430 56th Ave N.O.**  
City  
**ST. PETERSBURG** FL Zip Code  
**33703**

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 **GERALD M. CARUSA** *Gerald M. Carusa* **4-28-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

**FILE NOW: FEE IS \$61.25**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
FANNING, GEORGE  
4400 1ST ST. NO  
ST PETERSBURG FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
OLESKO, STEVEN  
4400 1ST STREET NO #2101  
ST. PETERSBURG FL 33733** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
MCELROY, CAROL  
4400 1ST ST NO #109  
ST PETERSBURG, FL 00000** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
VANGELOFF, ALEXANDER  
4400 1ST STREET NO #413  
ST. PETERSBURG FL 33703** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
VEIRUNG, MARIA  
4400 1ST ST NO, #305  
SAINT PETERSBURG FL 33703** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
4400 1ST STREET NO #401** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
HAYS, SHER  
4400 1ST STREET NORTH #301  
ST. PETERSBURG, FL 33733** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD** ☒ Change ☐ Addition

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

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: **GERALD M. CARUSA** *Gerald M. Carusa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-03**

**727-  
560-8836**

CP2E037 (10/02)