

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 745752**

1. Entity Name  
**SYLVETTE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**6161 GULF WINDS DRIVE  
ST. PETERSBURG BEACH, FL 33706**

Mailing Address  
**6161 GULF WINDS DRIVE  
ST. PETERSBURG BEACH, FL 33706**



01152007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1892166**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HEITZ, LCAM, PAUL E  
6161 GULF WINDS DRIVE  
ST PETE BEACH, FL 33706**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000719050  
05/01/07-80047-002 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KING, ROBERT  
6363 GULF WINDS DR #328  
SAINT PETERSBURG, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
LAMPESIS, MARGARET  
6201 2ND ST. E #71  
SAINT PETERSBURG BEACH, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
TASSON, ANGELO  
300 64TH AVE, # 315  
SAINT PETERSBURG, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT  
FORTUNSKI, JOHN  
6111 2ND ST. E. #24  
SAINT PETERSBURG, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HRICK, JOHN  
6201 2ND ST. E. #75  
SAINT PETERSBURG, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

01/17/07

727-347-5021  
Daytime Phone #