2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2009
Secretary of State

DOCUMENT# 745752

Entity Name: SYLVETTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6161 GULF WINDS DRIVE
ST. PETERSBURG BEACH, FL 33706

New Principal Place of Business:

Current Mailing Address:

6161 GULF WINDS DRIVE
ST. PETERSBURG BEACH, FL 33706

New Mailing Address:

FEI Number: 59-1892166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HEITZ, LCAM, PAUL E
6161 GULF WINDS DRIVE
ST PETE BEACH, FL 33706 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:	D	( ) Delete
Name:	KING, ROBERT	
Address:	6363 GULF WINDS DR #328	
City-St-Zip:	SAINT PETERSBURG, FL 33706	
Title:	S	( ) Delete
Name:	LAMPESIS, MARGARET	
Address:	6201 2ND ST. E #71	
City-St-Zip:	SAINT PETERSBURG BEACH, FL 33706	
Title:	VP	( ) Delete
Name:	TASSON, ANGELO	
Address:	300 64TH AVE, # 315	
City-St-Zip:	SAINT PETERSBURG, FL 33706	
Title:	PT	(X) Delete
Name:	FORTUNSKI, JOHN	
Address:	6111 2ND ST. E. #24	
City-St-Zip:	SAINT PETERSBURG, FL 33706	
Title:	D	(X) Delete
Name:	HRICIK, JOHN	
Address:	6201 2ND ST. E. #75	
City-St-Zip:	SAINT PETERSBURG, FL 33706	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: PAUL E HEITZ CAM 05/14/2009
Electronic Signature of Signing Officer or Director — Date