

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747523

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** DOVER-FOXCROFT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

300 / 321 35TH AVENUE NORTH  
ST. PETERSBURG, FL 33704 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7696  
SAINT PETERSBURG, FL 33734 US

**New Mailing Address:**

**FEI Number:** 59-1928792      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARUSO, GERALD M AGENT  
1430 56TH AVE. NO.  
SAINT PETERSBURG, FL 33703 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  
Name: MCCABE, KATHY D  
Address: 1675 MANOR WAY  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: VPD  
Name: WIKLUND, GRANT VPD  
Address: 300 35TH AVE N, UNIT F-25  
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: TD  
Name: BERGIN, BOB TD  
Address: 749 18TH AVE N  
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: PSD  
Name: KNOWLTON, DAVID PSD  
Address: 411 CORDOVA BLVD NORTH EAST  
City-St-Zip: ST. PETE, FL 33704

Title: D  
Name: SMITH, STEVE D  
Address: 321 35TH AVE N, UNIT D-2  
City-St-Zip: ST. PETE, FL 33704

I hereby 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 all other like empowered.

SIGNATURE: GERALD M. CARUSO

AGT

04/30/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date