

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

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90060 046 ****61.25

DOCUMENT # 753692

1. Entity Name
**GULF SPRAY CONDOMINIUM ASSOCIATION OF ST.
PETER SBURG, INC.**



Principal Place of Business
**P.O. BOX 66392
ST. PETERSBURG, FL 33736-6392 US**

Mailing Address
**P.O. BOX 66392
ST. PETERSBURG, FL 33736-6392 US**

400010 171



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENE, DANA
1145 NW 90TH TERRACE
PEMBROKE PINES, FL 33024**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME TAKO NICOLAISEN, MICHAEL J
STREET ADDRESS 9509 CHARLESTON LAKE DRIVE
CITY-ST-ZIP TAMPA, FL 33635

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

TITLE SD ☐ Delete
NAME GREENE, DANA
STREET ADDRESS 1145 NW 90 TERRACE
CITY-ST-ZIP PEMBROKE PINES, FL 33024

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

TITLE VPD ☒ Delete
NAME RODGERS, RICHARD
STREET ADDRESS 491 BERNICE BLVD.
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE ☒ Change ☐ Addition
NAME **VPD DENISE WINNETT**
STREET ADDRESS **3413 GRANADA ST.**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE TD ☐ Delete
NAME TAKO NICOLAISEN, GITTA A
STREET ADDRESS 9509 CHARLESTON LAKE DRIVE
CITY-ST-ZIP TAMPA, FL 33635

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

TITLE VPD ☐ Delete
NAME GREENE, ANGIE
STREET ADDRESS 1145 NW 90TH TERRACE
CITY-ST-ZIP PEMBROKE PINES, FL 33024

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: MICHAEL J. TAKO NICOLAISEN 1/9/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813 263 3426