

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753692

FILED
Jan 19, 2009
Secretary of State

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

Current Principal Place of Business:

P.O. BOX 66392
ST. PETERSBURG, FL 337366392 US

New Principal Place of Business:

7797 W. GULF BLVD.
TREASURE ISLAND, FL 33706 US

Current Mailing Address:

P.O. BOX 66392
ST. PETERSBURG, FL 337366392 US

New Mailing Address:

P. O BOX 66392
ST. PETERSBURG, FL 33706 US

FEI Number: 32-0246886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, DANA
1145 NW 90TH TERRACE
PEMBROKE PINES, FL 33024 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: PD () Delete
Name: TAKO NICOLAISEN, MICHAEL J
Address: 9509 CHARLESTON LAKE DRIVE
City-St-Zip: TAMPA, FL 33635

Title: SD () Delete
Name: GREENE, DANA
Address: 1145 NW 90 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VPD () Delete
Name: WINNETT, DENISE
Address: 3413 GRANADA ST
City-St-Zip: TAMPA, FL 33629

Title: TD () Delete
Name: TAKO NICOLAISEN, GITTA A
Address: 9509 CHARLESTON LAKE DRIVE
City-St-Zip: TAMPA, FL 33635

Title: VPD (X) Delete
Name: GREENE, ANGIE
Address: 1145 NW 90TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WINNETT, DENISE
Address: 3413 GRANADA ST
City-St-Zip: TAMPA, FL 33629

Title: VPD (X) Change () Addition
Name: BRANNON, DEWEY
Address: 7028 BUCKHURST PL
City-St-Zip: MENTOR, OH 44060

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: MICHAEL TAKO NICOLAISEN

PD

01/19/2009

Electronic Signature of Signing Officer or Director

Date