

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753692

FILED  
Jan 22, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

13911 W. HILLSBOROUGH AVE  
SUITE 178  
TAMPA, FL 33635 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  
Name: TAKO NICOLAISEN, MICHAEL J  
Address: 9509 CHARLESTON LAKE DRIVE  
City-St-Zip: TAMPA, FL 33635

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

Title: TD  
Name: WINNETT, DENISE  
Address: 3413 GRANADA ST  
City-St-Zip: TAMPA, FL 33629

Title: VPD  
Name: JONES, GEORGE  
Address: 2115 6TH AVE. WEST  
City-St-Zip: BRADENTON, FL 342055804

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: MICHAEL J. TAKO NICOLAISEN

PD

01/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date