


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 760657	
1. Entity Name FRANK STUMM OFFICE PARK CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
3275 66TH ST N 3399 66TH STREET N ST. PETERSBURG, FL 33710-1538	3275 66TH ST N 3399 66TH STREET N ST. PETERSBURG, FL 33710-1538



04272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2646022	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STUMM, CHARLES C. 3275 66TH STREET N. ST. PETERSBURG, FL 33710
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DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDD STUMM, CHARLES C. 3275 66 ST N S10 ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDD SULLIVAN, MARIE P. 3325 66TH ST N ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POWELL, JOHN G 3325 66TH ST. N ST PETERSBURG, FL
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000000346478
04/30/05-80077-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Charles C. Stumm 4/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #