

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766581

FILED
Mar 23, 2009
Secretary of State

Entity Name: 9TH STREET VILLAS CONDO ASSOCIATION, INC.

Current Principal Place of Business:

553 S. DUNCAN AVENUE
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

553 S. DUNCAN AVENUE
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 59-2704334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JULIA GALPIN REALTY, INC.
553 S. DUNCAN AVENUE
CLEARWATER, FL 33756 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: JONES, MARY
Address: 908 OTTO VILLA PLACE #4
City-St-Zip: TAMPA, FL 336123563

Title: VD () Delete
Name: LYNCH, CHARLES VD
Address: 901 OTTO VILLA PLACE #15
City-St-Zip: TAMPA, FL 33612

Title: SD () Delete
Name: SAFFORE, ANTHONY
Address: 912 OTTO VILLA PLACE #5
City-St-Zip: TAMPA, FL 33612

Title: TD () Delete
Name: GOSSELIN, CHRIS
Address: 916 OTTO VILLA PLACE #8
City-St-Zip: TAMPA, FL 336123563

Title: D (X) Delete
Name: DOWNEY, GREG
Address: 919 OTTO VILLA PLACE #17
City-St-Zip: TAMPA, FL 336123564

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROSALES, JOSE
Address: 10206 BONNIE BAY CT
City-St-Zip: TAMPA, FL 33615

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

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

Title: P (X) Change () Addition
Name: GOSSELIN, CHRIS
Address: 916 OTTO VILLA PLACE #8
City-St-Zip: TAMPA, FL 336123563

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: JOSE ROSALES

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date