

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767090

FILED  
Jun 29, 2005  
Secretary of State

**Entity Name:** HEGRADO CONDOMINIUM ASSOCIATION OF ST. PETERSBURG, INC.

**Current Principal Place of Business:**

4407 CARROLLWOOD VILLAGE DR  
TAMPA, FL 33624

**New Principal Place of Business:**

4407 CARROLLWOOD VILLAGE DR  
TAMPA, FL 33618

**Current Mailing Address:**

4407 CARROLLWOOD VILLAGE DR  
TAMPA, FL 33624

**New Mailing Address:**

4407 CARROLLWOOD VILLAGE DR  
TAMPA, FL 33618

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WARES, WILLIAM A  
4407 CARROLLWOOD VILLAGE DRIVE  
TAMPA, FL 33624 US

**Name and Address of New Registered Agent:**

WARES, WILLIAM A  
4407 CARROLLWOOD VILLAGE DRIVE  
TAMPA, FL 33618 US

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: WILLIAM A. WARES

06/29/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WARES, WILLIAM A  
Address: 4407 CARROLLWOOD VILLAGE DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: PSD ( ) Delete  
Name: MARLING, JULES H  
Address: 980 N MICHIGAN AVE, SUITE 1675  
City-St-Zip: CHICAGO, IL 60611

Title: D ( ) Delete  
Name: CLAIRMONT, ALLEN  
Address: 2203 COLEWOOD LANE  
City-St-Zip: DOVER, FL 33527

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WARES, WILLIAM A  
Address: 4407 CARROLLWOOD VILLAGE DRIVE  
City-St-Zip: TAMPA, FL 33618

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM A. WARES

D

06/29/2005

Electronic Signature of Signing Officer or Director

Date