

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767090

FILED
Apr 28, 2006
Secretary of State

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

Current Principal Place of Business:

4407 CARROLLWOOD VILLAGE DR
TAMPA, FL 33618

New Principal Place of Business:

980 N. MICHIGAN AVENUE
SUITE 1110
CHICAGO, IL 60611

Current Mailing Address:

4407 CARROLLWOOD VILLAGE DR
TAMPA, FL 33618

New Mailing Address:

980 N. MICHIGAN AVENUE
SUITE 1110
CHICAGO, IL 60611

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PSD (X) Change () Addition
Name: MARLING, JULES H
Address: 980 N MICHIGAN AVE, SUITE 1110
City-St-Zip: CHICAGO, IL 60611

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 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: JULES H MARLING

PSD

04/28/2006

Electronic Signature of Signing Officer or Director

Date