

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90816 047 ****61.25

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04272007 Chg-NP CR2E037 (12/06)

DOCUMENT # 767090 1. Entity Name HEGRADO CONDOMINIUM ASSOCIATION OF ST. PETERSBURG, INC.					
Principal Place of Business 980 N. MICHIGAN AVENUE SUITE 1110 CHICAGO, IL 60611			Mailing Address 980 N. MICHIGAN AVENUE SUITE 1110 CHICAGO, IL 60611		
2. Principal Place of Business - No P.O. Box # 210 22nd Ave NE Suite, Apt. #, etc.		3. Mailing Address 146 2nd St Suite, Apt. #, etc. 202			
City & State St Pete FL Zip 33704		City & State St Pete FL Zip 33701		4. FEI Number APPLIED FOR Applied For Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARES, WILLIAM A 4407 CARROLLWOOD VILLAGE DRIVE TAMPA, FL 33618			7. Name and Address of New Registered Agent Name AMG Street Address (P.O. Box Number is Not Acceptable) 146 2nd St N # 202 City St Petersburg FL Zip Code 33701		
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 <i>Rebecca Saylor</i> Rebecca Saylor LEAM 4-27-07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARES, WILLIAM A 4407 CARROLLWOOD VILLAGE DRIVE TAMPA, FL 33618 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Susan Seaford 210 22nd Ave NE #14 St Pete FL 33704 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MARLING, JULES H 980 N MICHIGAN AVE, SUITE 1110 CHICAGO, IL 60611 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Heidi Zabot 210 22nd Ave NE #9 St Pete FL 33704 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Marilyn Voris 1 Black Dr #2209 St Pete FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Rebecca Saylor</i> Rebecca Saylor 4-27-07 727-898-8896 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Registered Agent Name updated to reflect Entity name as filed