

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90114 019 ****61.25

DOCUMENT # N00120 1. Entity Name PINE RUSH VILLAS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 9950 5TH ST. N. ST. PETERSBURG, FL 33702 US		Mailing Address CONDOMINIUM ASSOCIATES 3001 EXECUTIVE CENTER DR. #260 CLEARWATER, FL 33762 US	
2. Principal Place of Business - No P.O. Box # 3001 Executive Dr. Suite, Apt. #, etc. Suite 260 City & State Clearwater, FL Zip 33762 Country Pinellas		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-2678547		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONDOMINIUM ASSOCIATES 3001 EXECUTIVE CENTER SR. #260 CLEARWATER, FL 33762		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <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, 2008		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 D NAME ATWELL, PAUL STREET ADDRESS 9960 5TH ST. N #304 CITY-ST-ZIP SAINT PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete	TITLE DS NAME ANGELA WRIGHT STREET ADDRESS 1545 79th AVE N. CITY-ST-ZIP ST. PETERSBURG, FL 33702	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME HALM, ROBERT STREET ADDRESS 9925 7TH WAY N. #102 CITY-ST-ZIP ST. PETERSBURG, FL 32702	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME CONLEY, CLAUDETTE STREET ADDRESS 10033 NINTH STREET NORTH CITY-ST-ZIP ST PETE, FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME STRICKER, STACY STREET ADDRESS 592 100TH AVE. N #202 CITY-ST-ZIP SAINT PETERSBURG, FL 33702	<input type="checkbox"/> Delete	TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME AKIL, PATRICA STREET ADDRESS 654 AOOOTH AVE. N. #206 CITY-ST-ZIP SAINT PETERSBURG, FL 33702	<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: <u>Patricia Akil</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-15-8 727-455-1162 <small>Date Daytime Phone #</small>	