2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000744

Apr 28, 2008 Secretary of State

Entity Name: VINOY PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 555 FIFTH AVENUE NORTHEAST ST. PETERSBURG, FL 33701 **Current Mailing Address: New Mailing Address:** 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702 US FEI Number: 59-3703074 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAMPART PROPERTIES, INC 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition STERRETT, ROBERT Name: Name: 9887 FOURTH STREET NORTH Address: Address: City-St-Zip: ST. PETERSBURG, FL 33702 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition RILLINGS, JIM Name: SMITH, JIM Name: Address: 9887 FOURTH STREET NORTH Address: 9887 FOURTH STREET NORTH City-St-Zip: ST. PETERSBURG, FL 33702 City-St-Zip: ST. PETERSBURG, FL 33702 Title: () Delete Title: () Change () Addition MOORE, GAYLE Name: Name: Address: 9887 FOURTH STREET NORTH Address: City-St-Zip: ST. PETERSBURG, FL 33702 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition Name: MALCOLM, JOHN Name: RILLINGS, JIM 9887 FOURTH STREET NORTH 9887 FOURTH STREET NORTH Address: Address: City-St-Zip: ST. PETERSBURG, FL 33702 City-St-Zip: ST. PETERSBURG, FL 33702 Title: ASTD () Delete Title: () Change () Addition Name: FRENCH, LARRY Name: 9887 FOURTH STREET NORTH Address: Address: City-St-Zip: ST. PETERSBURG, FL 33702 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: BOB STERRETT Ρ 04/28/2008