

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2. Mar 12, 2007 8:00 am
Secretary of State

02-16-2007 90031 020 ****61.25

DOCUMENT # N02000005980					
1. Entity Name OLD NORTHEAST TOWNHOMES ASSOCIATION, INC.					
Principal Place of Business 833 3RD STREET N. ST. PETERSBURG, FL 33701			Mailing Address POB 7351 SAINT PETERSBURG, FL 33734		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 37-1454702	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUXBAUM, GABRIELE 506 39 AVE NE SAINT PETERSBURG, FL 33703				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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-STATE-ZIP	VD FIORINI, SUZANNE 849 3RD STREET N SAINT PETERSBURG, FL 33701	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SDP RYAN, THOMAS E 327 87TH AVE N SAINT PETERSBURG, FL 33702	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SELANIKIO, SOLOMAN 902 REFLECTION WY OSPREY, FL 34228	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Selanikio Soloman D 10001 Coors Bypass Albuquerque NM 87114	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GRAY, ELLEN 841 3RD ST N SAINT PETERSBURG, FL 33701	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	add title P 841 3rd St. N. Saint Petersburg FL 33701	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Beverly Ryan S 262 99th Ave N St. Petersburg FL 33701	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ 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: 		ELLEN S. Gray 4/17/07 821-2046			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			