

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006397

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** SAN RAFAEL PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4207 W SAN RAFAEL ST  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

216 HYDE PARK PLACE  
SUITE 1  
TAMPA, FL 336062371 US

**New Mailing Address:**

**FEI Number:** 56-2366036

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAY RIDGE PROPERTY MANAGEMENT  
216 HYDE PARK PLACE  
SUITE 1  
TAMPA, FL 336062371 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: P  
Name: BARRS, DEVIN  
Address: 4207 W. SAN RAFAEL ST, # H  
City-St-Zip: TAMPA, FL 33629

Title: T  
Name: AGUILA, COURTNEY  
Address: 4207 W SAN RAFAEL ST, #E  
City-St-Zip: TAMPA, FL 33629

Title: VP  
Name: DAME, ROSE  
Address: 4207 W SAN RAFAEL ST, # G  
City-St-Zip: TAMPA, FL 33629

Title: S  
Name: AMIGLIORE, JASON  
Address: 4207 SAN RAFAEL ST #C  
City-St-Zip: TAMPA, FL 33629

I hereby 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 all other like empowered.

SIGNATURE: DEVIN BARRS

P

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date