2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N02563

Entity Name: NORTHEAST VILLAS A CONDOMINIUM, INC.

Current Principal Place of Business:

366 47TH AVE NO
APT 5
ST. PETERSBURG, FL 33703 US

New Principal Place of Business:

Current Mailing Address:

366 47TH AVE NO
APT 5
ST. PETERSBURG, FL 33703 US

New Mailing Address:

FEI Number: 59-3138840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, STEPHEN D.
1229 CENTRAL AVENUE
N
ST. PETERSBURG, FL 33705 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:	D	(X) Delete
Name:	POWELL, MARY E	
Address:	366 47TH AVENUE #3	
City-St-Zip:	ST. PETERBURG, FL 33703	
Title:	DST	( ) Delete
Name:	WALTMAN, BETTY	
Address:	366-47TH AVENUE N #5	
City-St-Zip:	ST PETERSBURG, FL 33703	
Title:	D	( ) Delete
Name:	WALDRON, BECKY	
Address:	366-47TH AVENUE N #2	
City-St-Zip:	ST PETERSBURG, FL 33703	
Title:	D	( ) Delete
Name:	SOULE, GENEVIEVE	
Address:	366 47TH AVE. #4	
City-St-Zip:	ST PETERSBURG, FL 33703	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: BECKY WALDRON D 04/30/2008

Electronic Signature of Signing Officer or Director — Date