


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90328 023 ****70.00

DOCUMENT # N03000004181	
1. Entity Name GRAND CENTRAL LOFTS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 2798 PELHAM ROAD N. ST. PETERSBURG FL 33710	Mailing Address 2798 PELHAM ROAD N. ST. PETERSBURG FL 33710
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2. Principal Place of Business 2304 1 ST AVE N Suite, Apt. #, etc.	3. Mailing Address 2304 1 ST AVE N Suite, Apt. #, etc.
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City & State ST PETERSBURG, FL Zip 33713 Country USA	City & State ST PETERSBURG, FL Zip 33713 Country USA
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1st MOORE CR2E037 (10/04)

4. FEI Number 30-0244637	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAINARD, C. SCOTT 5999 CENTRAL AVENUE SUITE 202 ST. PETERSBURG FL 33710	
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 PD NAME JEFFREY, ROBERT W STREET ADDRESS 2802 FIRST AVE N. CITY-ST-ZIP SAINT PETERSBURG FL 33713	<input type="checkbox"/> Delete	TITLE P/D NAME BURCHAM, TINA STREET ADDRESS 2308 1 ST AVE N CITY-ST-ZIP ST PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME JEFFREY, ELINOR R STREET ADDRESS 2798 PELHAM ROAD N. CITY-ST-ZIP ST. PETERSBURG FL 33710	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME JEFFREY, ROBERT S STREET ADDRESS 2798 PELHAM ROAD N. CITY-ST-ZIP ST. PETERSBURG FL 33710	<input type="checkbox"/> Delete	TITLE S/D NAME JEFFREY, ROBERT W STREET ADDRESS 2302 1 ST AVE N CITY-ST-ZIP ST PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VTD NAME JEFFREY, LYNN STREET ADDRESS 8811 MERRIMOOA BVD E CITY-ST-ZIP LARGO FL 33777	<input type="checkbox"/> Delete	TITLE T/D NAME PORET, JANICE M STREET ADDRESS 2304 1 ST AVE N CITY-ST-ZIP ST PETERSBURG, FL 33713	<input checked="" 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
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 exemption stated in Section 119.07(3)(i), 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:

 JANICE M PORET
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/05 727-328-6312