

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

DOCUMENT # N03000004181

1. Entity Name

GRAND CENTRAL LOFTS CONDOMINIUM ASSOCIATION,  
INC.



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

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

Principal Place of Business 2798 PELHAM ROAD N. ST. PETERSBURG FL 33710		Mailing Address 2798 PELHAM ROAD N. ST. PETERSBURG FL 33710	
2. Principal Place of Business 2304 1ST AVE N Suite, Apt. #, etc.		3. Mailing Address 2304 1ST AVE N Suite, Apt. #, etc.	
City & State ST PETERSBURG, FL Zip 33713		City & State ST PETERSBURG, FL Zip 33713	
Country USA		Country USA	
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees <input type="checkbox"/>	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-ST-ZIP	PD JEFFREY, ROBERT W 2802 FIRST AVE N. SAINT PETERSBURG FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP  P/D BURCHAM, TINA 2308 1ST AVE N ST PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JEFFREY, ELINOR R 2798 PELHAM ROAD N. ST. PETERSBURG FL 33710	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JEFFREY, ROBERT S 2798 PELHAM ROAD N. ST. PETERSBURG FL 33710	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition  S/D JEFFREY, ROBERT W 2302 1ST AVE N ST PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD JEFFREY, LYNN 8811 MERRIMOAA BVD E LARGO FL 33777	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition  T/D PORET, JANICE M 2304 1ST AVE N ST PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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:** *Jan M Poret* JANICE M PORET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05 727-328-6312  
Date Daytime Phone #