

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000004181

1. Entity Name
**GRAND CENTRAL LOFTS CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**2304 1ST AVE N
SAINT PETERSBURG, FL 33713**

Mailing Address
**2304 1ST AVE N
SAINT PETERSBURG, FL 33713**

DO NOT WRITE IN THIS SPACE



05032007 No Chg-NP CR2E037 (4/06)

4. FEI Number
30-0244637

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BURCHAM, TINA
STREET ADDRESS	2308 1 ST AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713

TITLE	VD
NAME	JEFFREY, ELINOR R
STREET ADDRESS	2798 PELHAM ROAD N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33710

TITLE	SD
NAME	JEFFREY, ROBERT S
STREET ADDRESS	2302 1ST AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713

TITLE	TD
NAME	PORET, JANICE M
STREET ADDRESS	2304 1ST AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000762394
05/29/07-80006-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

Jan M Poret JANICE M PORET

4/28/07

727-328-6312