

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 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



04252008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

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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 May 1, 2008**

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

U00000930622  
05/21/08-80117-008 61.25

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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* TREASURER 4/24/08

727-328-4312