

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004181

FILED
Apr 24, 2009
Secretary of State

Entity Name: GRAND CENTRAL LOFTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2304 1ST AVE N
SAINT PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

2304 1ST AVE N
SAINT PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 30-0244637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAINARD, C. SCOTT
5999 CENTRAL AVENUE
SUITE 202
ST. PETERSBURG, FL 33710 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: PD () Delete
Name: BURCHAM, TINA
Address: 2308 1 ST AVE N
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: VD () Delete
Name: JEFFREY, ELINOR R
Address: 2798 PELHAM ROAD N.
City-St-Zip: ST. PETERSBURG, FL 33710

Title: SD () Delete
Name: JEFFREY, ROBERT S
Address: 2302 1ST AVE N
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: TD () Delete
Name: PORET, JANICE M
Address: 2304 1ST AVE N
City-St-Zip: SAINT PETERSBURG, FL 33713

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: JANICE M PORET

TD

04/24/2009

Electronic Signature of Signing Officer or Director

Date