

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000802

FILED
Jan 29, 2009
Secretary of State

Entity Name: THE MADISON AT ST. PETE I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

200 4TH AVE S.
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

5901 SUN BLVD
SUITE 203
ST. PETERSBURG, FL 33715

New Mailing Address:

FEI Number: 20-0648232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PBM
5901 SUN BLVD
SUITE 203
ST. PETERSBURG, FL 33715 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: D () Delete
Name: ALBRECHT, JACK
Address: 5901 SUN BLVD
City-St-Zip: ST. PETERSBURG, FL 33715

Title: VPD () Delete
Name: MAGRAY, RONALD F
Address: 5901 SUN BLVD
City-St-Zip: ST. PETERSBURG, FL 33715

Title: TD () Delete
Name: KERCHERSID, ART
Address: 5901 SUN BLVD
City-St-Zip: ST. PETERSBURG, FL 33715

Title: PD () Delete
Name: EVANS, CORRINE
Address: 5901 SUN BLVD
City-St-Zip: ST. PETERSBURG, FL 33715

Title: D () Delete
Name: CALISTRI, ROBERT
Address: 5901 SUN BLVD
City-St-Zip: ST. PETERSBURG, FL 33715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: ALBRECHT, JACK
Address: 5901 SUN BLVD
City-St-Zip: ST. PETERSBURG, FL 33715

Title: VPD (X) Change () Addition
Name: SHAVLIK, STEVEN
Address: 5901 SUN BLVD
City-St-Zip: ST. PETERSBURG, FL 33715

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CALISTRI, ROBERT
Address: 5901 SUN BLVD
City-St-Zip: ST. PETERSBURG, FL 33715

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: WCN

RA

01/29/2009

Electronic Signature of Signing Officer or Director

Date