

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000802

FILED
Jan 05, 2011
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:

970 LAKE CARILLON DR SUITE
SUITE 102
ST. PETERSBURG, FL 33716

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
970 LAKE CARILLON DR
SUITE 203
ST. PETERSBURG, FL 33716 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: VPD
Name: ALBRECHT, JACK
Address: 970 LAKE CARILLON DR SUITE 102
City-St-Zip: ST. PETERSBURG, FL 33715

Title: PD
Name: CALISTRY, ROBERT
Address: 970 LAKE CARILLON DR SUITE 102
City-St-Zip: ST. PETERSBURG, FL 33715

Title: TD
Name: KERCHERSID, ART
Address: 970 LAKE CARILLON DR SUITE 102
City-St-Zip: ST. PETERSBURG, FL 33715

Title: VPD
Name: EVANS, CORRINNE
Address: 5901 SUN BLVD
City-St-Zip: ST. PETERSBURG, FL 33715

Title: SD
Name: ALBRICHT, JACK
Address: 970 LAKE CARILLON DR SUITE 102
City-St-Zip: ST. PETERSBURG, FL 33715

I hereby 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 all other like empowered.

SIGNATURE: WCN

RA

01/05/2011

Electronic Signature of Signing Officer or Director

Date