

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006667

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** THE SEYBOLD LOFTS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9887 FOURTH STREET N STE 301  
ST PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

9887 FOURTH STREET N STE 301  
ST PETERSBURG, FL 33702

**New Mailing Address:**

**FEI Number:** 20-3218500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAMPART PROPERTIES, INC  
9887 FOURTH STREET N STE 301  
ST PETERSBURG, FL 33702 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: SNOW, KRIS  
Address: 9887 FOURTH STREET NORTH #301  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: SD  
Name: SUMSER, BILL  
Address: 9887 FOURTH STREET NORTH #301  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: PD  
Name: BYRNE, MELISSA  
Address: 9887 FOURTH STREET NORTH #301  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D  
Name: UMHOLTZ, ROBERT  
Address: 9887 FOURTH STREET NORTH #301  
City-St-Zip: ST. PETERSBURG, FL 33702

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: MELISSA BYRNE

PD

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date