

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90004 040 ****61.25

DOCUMENT # N04000009175					
1. Entity Name CUESTA DEL SOL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6860 GULFPORT BLVD S SUITE 503 SAINT PETERSBURG, FL 33707-2108			Mailing Address 6860 GULFPORT BLVD S SUITE 503 SAINT PETERSBURG, FL 33707-2108		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1665436	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
POOHER, STEPHEN 6860 GULFPORT BLVD. S #503 SAINT PETERSBURG, FL 33707-2308				Name <u>Pooher, Stephen</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code	
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 <u>Stephen Pooher</u> Signature, typed or printed name of registered agent and title if applicable.		<u>Stephen Pooher</u> (NOTE: Registered Agent signature required when reappointing)		<u>3/8/07</u> DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOELLER, KENDALL 8860 GULFPORT BLVD S #503 SAINT PETERSBURG, FL 337072108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6860 Gulfport Blvd S #503	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOSSMAN, ANN 6860 GULFPORT BLVD S #503 SAINT PETERSBURG, FL 337072108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Gessman, Ann	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POOHER, STEPHEN 6860 GULFPORT BLVD S #503 SAINT PETERSBURG, FL 337072108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Pooher, Stephen	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Stephen Pooher</u>			<u>Stephen Pooher</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/8/07 727-374-5167 Date Daytime Phone #		