

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011618

**FILED**  
**Jan 29, 2010**  
**Secretary of State**

**Entity Name:** SAN RUFFINO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

15950 BAY VIST DR  
SUITE 250  
CLEARWATER, FL 33760

**New Principal Place of Business:**

15950 BAY VISTA DR  
SUITE 250  
CLEARWATER, FL 33760

**Current Mailing Address:**

15950 BAY VIST DR  
SUITE 250  
CLEARWATER, FL 33760

**New Mailing Address:**

15950 BAY VISTA DR  
SUITE 250  
CLEARWATER, FL 33760

**FEI Number:** 20-2070706

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HUDOCK, LESLIE W  
601 BAYSHORE BLVD SUITE 700  
TAMPA, FL 33606 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: VPST  
Name: NORTH, ANGELA  
Address: 15950 BAY VISTA DR. SUITE 250  
City-St-Zip: CLEARWATER, FL 33760

Title: DP  
Name: MARKEL, GARY  
Address: 15950 BAY VISTA DR SUITE 250  
City-St-Zip: CLEARWATER, FL 33760

Title: D  
Name: MIMBS, PAULA J  
Address: 15950 BAY VISTA DR SUITE 250  
City-St-Zip: CLEARWATER, FL 33760

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: GARY L. MARKEL

DP

01/29/2010

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

\_\_\_\_\_ Date