

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04220

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** NELSON PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

JIM NOBLES MANAGEMENT, INC.  
251 WINDWARD PASSAGE, SUITE F  
CLEARWATER, FL 33767 US

**New Principal Place of Business:**

**Current Mailing Address:**

JIM NOBLES MANAGEMENT, INC.  
251 WINDWARD PASSAGE, SUITE F  
CLEARWATER, FL 33767 US

**New Mailing Address:**

**FEI Number:** 59-2508464

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JIM NOBLES MANAGEMENT, INC.  
251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER, FL 33767 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:** PD  
**Name:** KELLEHER, JAMES  
**Address:** 1535 NURSERY RD #403  
**City-St-Zip:** CLEARWATER, FL 33756 US

**Title:** VPD  
**Name:** VAN HORN, STEPHEN  
**Address:** 1535 NURSERY RD #302  
**City-St-Zip:** CLEARWATER, FL 33756 US

**Title:** TD  
**Name:** SALIGA, BETTY  
**Address:** 1535 NURSERY RD #303  
**City-St-Zip:** CLEARWATER, FL 33756 US

**Title:** SD  
**Name:** GUNSON, CLARE B  
**Address:** 1535 NURSERY RD #106  
**City-St-Zip:** CLEARWATER, FL 33756 US

**Title:** R  
**Name:** REIS, AUDREY  
**Address:** 1535 NURSERY RD. #201  
**City-St-Zip:** CLEARWATER, FL 33756 US

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:** JAMES KELLEHER

PD

02/16/2011

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

\_\_\_\_\_  
Date