

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90242 009 ****61.25

DOCUMENT # N05000005279

1. Entity Name
5275 95TH STREET N. CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business
5275 95TH STREET N
ST PETERSBURG, FL 33708

Mailing Address
5275 95TH STREET N
ST PETERSBURG, FL 33708

DO NOT WRITE IN THIS SPACE



01022007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2937747

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GAYLOR, THOMAS W
2849 PADDOCK DR
PALM HARBOR, FL 34684

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ~~P~~
NAME ~~NARDOZZI, MICHAEL~~
STREET ADDRESS ~~11425 6TH STE~~
CITY-ST-ZIP ~~TREASURE ISLAND, FL 33706~~

TITLE V
NAME PENDLETON, MARILYN K
STREET ADDRESS 10053 48TH AVE N
CITY-ST-ZIP ST PETERSBURG, FL 33708

TITLE S
NAME HAINES, SANDY J
STREET ADDRESS 7777 LAKE VISTA DR
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sandy J. Haines 4-707 7073934543