

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 05, 2009  
Secretary of State**

DOCUMENT# N05000006560

Entity Name: DEL CENTRO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7TH AVE. N.  
SAINT PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

5901 SUN BLVD  
203  
SAINT PETERSBURG, FL 33715

**New Mailing Address:**

FEI Number: 20-3392667      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PBM  
5901 SUN BLVD  
203  
SAINT PETERSBURG, FL 33715 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: P ( ) Delete  
Name: SHELTZ, DENNIS  
Address: 204 7TH AVE N  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: VP ( ) Delete  
Name: WASHINGTON, ANTHONY  
Address: 7TH AVE N  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: TR ( ) Delete  
Name: HIRSCHBURGER, JEFF  
Address: 224 7TH AVE N  
City-St-Zip: SAINT PETERSBURG, FL 33701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SHELT, DENNIS  
Address: 204 7TH AVE N  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WCN

Electronic Signature of Signing Officer or Director

RA

02/05/2009

\_\_\_\_\_ Date