

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2007 8:00 am**  
**Secretary of State**

07-05-2007 90057 022 \*\*\*\*61.25

<b>DOCUMENT # N05000009711</b> 1. Entity Name 1215 BEACH DR NE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1234 BEACH DR NE ST PETERSBURG, FL 33701			Mailing Address 1234 BEACH DR NE ST PETERSBURG, FL 33701		
2. Principal Place of Business - No P.O. Box # 1215 Beach Drive NE		3. Mailing Address PO Box 76146			
Suite, Apt., etc. Unit 2		Suite, Apt., etc.			
City & State St Petersburg, FL		City & State St Petersburg, FL		4. FEI Number 51-0556510	
Zip 33701		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HIOTIS, ANASTASIA C 1234 BEACH DR NE ST PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name Jennifer Diedrich Street Address (P.O. Box Number is Not Acceptable) 1215 Beach Drive NE # 2 City St Petersburg FL Zip Code 33701		
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>Jennifer Diedrich</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LANCASTER, CONSTANCE R 1234 BEACH DR NE ST PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Jennifer Diedrich 1215 Beach Dr NE, # 2 St Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HIOTIS, ANASTASIA C 1234 BEACH DR NE ST PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Frank Godfrey PO Box 76146 St Petersburg FL 33734
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANCASTER, JACQUELINE 1234 BEACH DR NE ST PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lee Ann Slinkard 1215 Beach Dr NE, Unit 3 St Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE:</b> <u>Jennifer Diedrich</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>7-1-2007</u> Daytime Phone # <u>727-804-1488</u>	