

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 01, 2010**  
**Secretary of State**

DOCUMENT# N05000009711

**Entity Name:** 1215 BEACH DR NE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1215 BEACH DR NE  
ST PETERSBURG, FL 33701**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 76146  
SAINT PETERSBURG, FL 33734**New Mailing Address:**112 SW MONROE CIRCLE N.  
SAINT PETERSBURG, FL 33703**FEI Number:** 51-0556510**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DIEDRICH, JENNIFER  
1215 BEACH DR NE  
ST PETERSBURG, FL 33701 US**Name and Address of New Registered Agent:**STAFFORD, MAUREEN  
1215 BEACH DR NE, UNIT 04  
ST PETERSBURG, FL 33701 US

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: MAUREEN STAFFORD

09/01/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SLINKARD, LEE ANN  
Address: 5937 BUENA VISTA AVE  
City-St-Zip: OAKLAND, CA 94618

Title: DST  
Name: STAFFORD, MAUREEN  
Address: 1215 BEACH DR. NE, UNIT 04  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D  
Name: GODFREY, FRANK  
Address: 436 19TH AVE. NE  
City-St-Zip: ST PETERSBURG, FL 33701

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: LEE ANN SLINKARD

PRES

09/01/2010

Electronic Signature of Signing Officer or Director

Date