

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90013 030 ****61.25

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1. Entity Name

HOTEL DETROIT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

215 CENTRAL AVE
SAINT PETERSBURG FL 33701

Mailing Address

146 2ND ST NO
202
ST. PETERSBURG FL 33701



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

26-6729031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASSOCIATION MANAGEMENT GROUP
146 2ND ST NO #202
SAINT PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

KIRK BLISS

Street A

CMC

City

4175 East Bay Dr., Suite 205
Clearwater, FL 33764

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both to the Secretary of State, and accepts the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent

(NOTE: Registered Agent signature is not used when reinstating)

DATE

3/20/08

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FOX, TOM
STREET ADDRESS 215 CENTRAL AVE #3D
CITY-ST-ZIP SAINT PETERSBURG FL 33701

TITLE VPD ☐ Delete
NAME COLES, PETER
STREET ADDRESS 215 CENTRAL AVE #2
CITY-ST-ZIP SAINT PETERSBURG FL 33701

TITLE SD ☒ Delete
NAME JOHNSON, JR, MARK
STREET ADDRESS 215 CENTRAL AVE #A
CITY-ST-ZIP SAINT PETERSBURG FL 33701

TITLE TD ☐ Delete
NAME QUINGLEY, JOHN
STREET ADDRESS 215 CENTRAL AVE #4G
CITY-ST-ZIP SAINT PETERSBURG FL 33701

TITLE D ☒ Delete
NAME STEWART, MONTIETH
STREET ADDRESS 215 4D CENTRAL AVE
CITY-ST-ZIP SAINT PETERSBURG FL 33701

TITLE LIN ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Tony Amico D
STREET ADDRESS 215 Central Ave
CITY-ST-ZIP St. Petersburg FL 33701

TITLE ☐ Change ☒ Addition
NAME Linda Letcher S
STREET ADDRESS 215 Central Ave
CITY-ST-ZIP St. Petersburg, FL 33701

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: