

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05050

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: STONE'S THROW CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

% PROFESSIONAL BAYWAY MNGT CO. INC.  
5901 SUN BLVD, SUITE 203  
ST PETERSBURG, FL 33715 US

**New Principal Place of Business:**

**Current Mailing Address:**

5901 SUN BLVD  
#203  
ST PETERSBURG, FL 33715 US

**New Mailing Address:**

FEI Number: 59-2469295      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PBM  
5901 SUN BLVD  
#203  
ST 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: PD ( ) Delete  
Name: CULKIN, MARGE  
Address: 5901 SUN BLVD #203  
City-St-Zip: ST PETERSBURG, FL 33715

Title: VPTD ( ) Delete  
Name: BECKFORD, WILLIAM  
Address: 5901 SUN BLVD #203  
City-St-Zip: ST PETERSBURG, FL 33715

Title: SD ( ) Delete  
Name: RILEY, BETTY  
Address: 5901 SUN BLVD.  
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: VPD ( ) Delete  
Name: KANA, KENNY  
Address: 5901 SUN BLVD SUITE 203  
City-St-Zip: ST. PETERSBURG, FL 33715

Title: D ( ) Delete  
Name: SCHUPP, LIZ  
Address: 5901 SUN BLVD SUITE 203  
City-St-Zip: ST. PETERSBURG, FL 33715

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

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

Title: TD (X) Change ( ) Addition  
Name: BECKFORD, WILLIAM  
Address: 5901 SUN BLVD #203  
City-St-Zip: ST PETERSBURG, FL 33715

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

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: RA

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

WCN

01/29/2009

\_\_\_\_\_ Date