

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05050

FILED
Jan 17, 2012
Secretary of State

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

Current Principal Place of Business:

% PROFESSIONAL BAYWAY MNGT CO. INC.
6918 STONES THROW CIR.
ST PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

960 LAKE CARILLON DR
#102
ST PETERSBURG, FL 33716 US

New Mailing Address:

970 LAKE CARILLON DR
#102
ST PETERSBURG, FL 33716 US

FEI Number: 59-2469295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PBM
970 LAKE CARILLON DR
102
ST PETERSBURG, FL 33716 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
Name: CULKIN, MARGE
Address: 5901 SUN BLVD #203
City-St-Zip: ST PETERSBURG, FL 33715

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

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

Title: VPD
Name: WILSON, REGGIE
Address: 5901 SUN BLVD SUITE 203
City-St-Zip: ST. PETERSBURG, FL 33715

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

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: WCN

RA

01/17/2012

Electronic Signature of Signing Officer or Director

Date