## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 19, 2008 8:00 am Secretary of State 03-19-2008 90021 010 \*\*\*\*70.00

DOCUMENT # N06000000590 1. Entity Name
MONTEREY OF PINELLAS COUNTY CONDOMINIUM

Perceptal Place of Business 100 RICARDO WAY NE 100	ASSOCIATION, INC.					4005	<b>8417</b>			
SAINT PETERSBURG, FL 33704  SERVING ADDRESS OF COUNTRY  SAINT PETERSBURG, FL 33704  SA	100 RICARDO WAY NE		100 RICARDO WAY NE			4004	0021			
Suite, Apt. #, etc.    Suite, Apt. #, etc.	· · =									
City & State  Country  Co	2. Principal Place of Business - No P.O. Box #		3. Mailing Address		Ĭ		191 <b>5 1</b> 1111 11191 11191 111			
Zip Country Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.			02192008	Chg-NP	CR2E03	37 (12/06)	
S. Name and Address of Current Registered Agent  HEARN, ROBERT J 100 RICARDO WAY NE #2 SAINT PETERSBURG, FL 33704  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with and accept the obligations of Forda. I am familiar with a familiar with and accept the obligations of Fordations (FL Agone) and accept the obligations of Fordations of Fordation	City & State		City & State			4: FEI Number 20-4502	953		<del></del>	<del></del> -(
HEARN, ROBERT J 100 RICARDO WAY NE #2 SAINT PETERSBURG, FL 33704    City   FL   Zip Code	Zip	Country	Zip	Country		5. Certificate o	f Status Desired	×	\$8.75 Add Fee Required	itional
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  City  City  FL  Zip Code  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  Filling Fee is \$61.25  Due by May 1, 2008  9. Election Campsign Financing Trust Fund Contribution.  PD  Trust Fund Contribution.  Trust Fund Contribution.  PD  Trust Fund Contribution.  Trust Fu	_	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered	Agent	
SIGNATURE  Signature Ligado invitor contained with 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  Signature Ligado invitor care of registered speet and title 4 aprilicative.  (INDE: Registered Agent Signature required them nerelating).  DATE  Filing Fee is \$81.25  Due by May 1, 2008  9. Election Campsign Financing and Added to Fees  Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  INTEL DATE: STEWART, CHARLES ROBERT and the familiar with and accept make the state of Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  INTEL DATE: STEWART, CHARLES ROBERT and the familiar with and accept make the state of Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  INTEL DATE: STEWART, CHARLES ROBERT and the familiar with and accept make the state of Florida Department of State  10. OFFICERS AND DIRECTORS IN 10.  INTEL DATE: STATE ADDITIONS AND ADDITIONS AND ADDITIONS ADDITIONS AND ADDITIO	HEARN ROBERT J			Name						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  ### Page 18 S81.25  **Due by May 1, 2008  ### PD  **OFFICERS AND DIRECTORS  ### 10. **OFFICERS AND DIRECTORS  ### 10. **OFFICERS AND DIRECTORS  ### 11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 10. **OFFICERS AND DIRECTORS  ### 11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 10. **OFFICERS AND DIRECTORS  ### 11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 10. **OFFICERS AND DIRECTORS  ### 11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 12. **CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 12. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 12. **CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 12. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 12. **CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 12. **CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 12. **CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 12. **CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 12. **CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 12. **CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 12. **CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 12. **CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 12. **CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 12. **CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 12. **CHANGES TO OFFICERS AND DIRECTORS IN 10  ### 12. *	100 RICARDO WAY NE			Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Change   Chan	SAINT PETERSBURG, FL 33704			City				E1	Zip Code	
SIGNATURE    Public			at a management of the action is		intara	d agant as both	in the Clate of E		formilies with	and accept
Piling Foe is \$61.25   Due by May 1, 2008   Piling Foe is \$61.25   Due by May 1, 2008   Piling Foe is \$61.25   Due by May 1, 2008   Piling Foe is \$61.25   Due by May 1, 2008   Piling Foe is \$61.25   Due by May 1, 2008   Piling For is \$61.25   Due by May 1, 2008   Piling Foe is \$61.25			or the purpose of changing its	s registered office or	registere	ed agent, or both	i, in the State of F	nonga. ram	iaminar with,	and accept
Trust Fund Contribution. Added to Fees Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE PD	SIGNATURE .	Signature, typed o printed name of registered agen	t and title if applicable. (NOT	E; Registered Agent signatu	re required v	when reinstating)	<u></u>	3/15 DATE	108	
ITILE STEET ADDRESS 110 RICARDO WAY NE #8 STREET ADDRESS 100 RICARDO WAY NE #8 STREET ADDRESS 100 RICARDO WAY NE #9 STREET ADDRESS 100 RICARDO WAY NE #4 STREET ADDRESS 100 RICARDO WAY NE #4 STREET ADDRESS 100 RICARDO WAY NE #2 STREET ADDRESS 100 RICARDO WAY NE #4 STREET		_								
NAME SITEURADRESS CITY-SI-ZIP SITEURADRESS CITY-SI-ZIP NAME SITEURADRESS CITY-SI-ZIP NAME NAME SITEURADRESS CITY-SI-ZIP NAME NAME SITEURADRESS CITY-SI-ZIP NAME NAME SITEURADRESS CITY-SI-ZIP NAME SITEURADRESS CITY-SI-ZIP NAME NAME SITEURADRESS CITY-SI-ZIP NAME NAME SITEURADRESS CITY-SI-ZIP NAME SITEURADRESS CITY-SI-ZIP NAME NAME S	10.	OFFICERS AND D	RECTORS	11.	Α	DDITIONS/CHA	NGES TO OFFIC	ERS AND DI	RECTORS IN	
CITY-ST-ZIP  ITILE VD XDelete TITLE NAME VITT, RANDI 701 S HOWARD AVE SUITE 106-411 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP SIREET AD	NAME	STEWART, CHARLES ROBER		NAME					Change	Addition
MAME STREET ADDRESS TO Delete MAME HEARN, ROBERT J STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STD Delete MAME HEARN, ROBERT J STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33704  TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS STREET			04			<del></del>				·
ITILE STD   Delete   TITLE   Change   Addition   NAME   HEARN, ROBERT J   STREET ADDRESS   STREET ADDRESS   100 RICARDO WAY NE #2   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   Delete   TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   DELET   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   NAME   STREET ADDRESS   CITY-			Delete	TITLE	VD.	in Swa	EMAKER		☐ Change	Addition
ITILE STD   Delete   TITLE   Change   Addition   NAME   HEARN, ROBERT J   STREET ADDRESS   STREET ADDRESS   100 RICARDO WAY NE #2   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   Delete   TITLE   STREET ADDRESS   CITY-ST-ZIP   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   Delete   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   NAME   STREET ADDRESS   CITY-ST		· · · · · · · · · · · · · · · · · · ·	6-411	STREET ADDRESS	100	RICARD	e WAY	NE,#	4	
ITILE STD   Delete   TITLE   Change   Addition   NAME   HEARN, ROBERT J   STREET ADDRESS   STREET ADDRESS   100 RICARDO WAY NE #2   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   Delete   TITLE   STREET ADDRESS   CITY-ST-ZIP   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   Delete   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   NAME   STREET ADDRESS   CITY-ST				CITY-ST-ZIP	SAIN	NT PET	ERSBUR	G,FL	<u>3370</u>	<u>4</u>
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		= ·	☐ Delete	TITLE					Change	☐ Addition
CITY-ST-ZIP  SAINT PETERSBURG, FL 33704  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZI		· ·								
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  THE NAME STREET ADDRESS CITY-ST-ZIP			04							
STREET ADDRESS CITY-ST-ZIP  TITLE INAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  THE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			· · · · · · · · · · · · · · · · · · ·			Change	Addition
CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  THE CHapter I 19, Florida Statutes. I further certify that the information										
NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  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		•					_			
STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  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	TITLE		☐ Delete			-			☐ Change	Addition
CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  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				- I						
NAME STREET ADDRESS CITY-ST-ZIP  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		1								
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	TITLE		☐ Delete	THILE					☐ Change	Addition
CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  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										
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		•								
	12. I hereby	certify that the information supplied wi	th this filing does not qualify f	or the exemptions of	ontained	in Chapter 119,	Florida Statutes.	. I further cer	rtify that the in	nformation

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: .

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR