


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90019 010 ****61.25

DOCUMENT # N06000006172 1. Entity Name THE NEST CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 4699 CENTRAL AVE. ST. PETERSBURG, FL 33713	Mailing Address CARRA BEST 111 PALMETTO RD BELLEAIR, FL 33756
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40030311



DO NOT WRITE IN THIS SPACE

02122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 26-0213842	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DUGGAR, ROLFE.D. ESQ. 4699 CENTRAL AVE. ST. PETERSBURG, FL 33713

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WINTERHALTER, KATHERINE 11680 SHIPWATCH DR., #1458 LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BEST, CARRA S. 111 PALMETTO RD BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, BETH 158 SPRINGDALE LANE ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEVESAQUE, JERI 441 LAKE FOREST LANE SAINT CHARLES, MO 63301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 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: CARRA S BEST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08 727-587-0171
Date Daytime Phone #