

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/6

FILED
Aug 26, 2008 8:00 am
Secretary of State

08-06-2008 90018 023 ****61.25

DOCUMENT # N07000003672					
1. Entity Name NATURE COAST CENTRAL STORAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10173 NORTH SUNCOAST BLVD CRYSTAL RIVER, FL 34428			Mailing Address 10173 NORTH SUNCOAST BLVD CRYSTAL RIVER, FL 34428		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LARSON, ROGER A 911 CHESTNUT STREET CLEARWATER, FL 33756				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$81.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE PD	NAME EYSTER, JAMES P		☒ Delete		
STREET ADDRESS 570 N.W. 14TH PLACE	CRYSTAL RIVER, FL				
CITY-ST-ZIP	CRYSTAL RIVER, FL				
TITLE VPD	NAME EYSTER, JAMES S		☒ Delete		
STREET ADDRESS 570 N.W. 14TH PLACE	CRYSTAL RIVER, FL				
CITY-ST-ZIP	CRYSTAL RIVER, FL				
TITLE STD	NAME EYSTER, JOAN W		☐ Delete		
STREET ADDRESS 570 N.W. 14TH PLACE	CRYSTAL RIVER, FL				
CITY-ST-ZIP	CRYSTAL RIVER, FL				
TITLE	NAME		☐ Delete		
STREET ADDRESS	CRYSTAL RIVER, FL				
CITY-ST-ZIP	CRYSTAL RIVER, FL				
TITLE	NAME		☐ Delete		
STREET ADDRESS	CRYSTAL RIVER, FL				
CITY-ST-ZIP	CRYSTAL RIVER, FL				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME BARRY MINOR		☒ Change ☒ Addition		
STREET ADDRESS 10173 N. SUNCOAST BLVD #162	CRYSTAL RIVER, FL 34428				
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428				
TITLE	NAME BARBARA MCGORRIN		☐ Change ☒ Addition		
STREET ADDRESS 11000 S. SUNCOAST BLVD #29	HOMOSASSA, FL 34446				
CITY-ST-ZIP	HOMOSASSA, FL 34446				
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: <i>[Signature]</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR					
Date: 8/3/08					
Daytime Phone #: 352-228-2774					

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4. FEI Number **26-0777540** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required