

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2008 8:00 am
Secretary of State

05-13-2008 90018 024 ****61.25

DOCUMENT # N07000009428			
1. Entity Name ST. JUDES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5652 MARQUESES CIRCLE SARASOTA, FL 34238 <i>6583 Midnight Pass Rd 34242</i>		Mailing Address 5652 MARQUESES CIRCLE SARASOTA, FL 34238 <i>6583 Midnight Pass Rd 34242</i>	
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
4. FFI Number <i>26-1807614</i>		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HICKERMELL, WARREN JR 5652 MARQUESES CIRCLE SARASOTA, FL 34238		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>6583 Midnight Pass Rd</i> City FL Zip Code <i>34242</i>	
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 _____ (NOTE: Registered Agent signature required when reappointing) 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	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HICKERNELL, WARREN JR 5652 MARQUESES CIRCLE SARASOTA, FL 34238 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>6583 Midnight Pass Rd 34242</i> ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO DESILVA, DENNIS 5652 MARQUESES CIRCLE SARASOTA, FL 34238 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>6583 Midnight Pass Rd 34242</i> ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REDFOOT, KELLY 5652 MARQUESES CIRCLE SARASOTA, FL 34238 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>6583 Midnight Pass Rd 34242</i> ☒ Change ☐ Addition
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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>Warren Hickernell</i>		WARREN HICKERNELL 4/25/08 349-3131	