

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90039 026 ****61.25

DOCUMENT # N16730 1. Entity Name 5282 95TH STREET NORTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5282 95TH ST. N. UNIT #2 ST. PETERSBURG FL 33708		Mailing Address 11000 70TH AVENUE NORTH SEMINOLE FL 33772			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 5282 95th Street N. Unit 2			
City & State St. Pete FL		4. FEI Number 59-2877527		☐ Applied For ☐ Not Applicable	
Zip 33708	Country USA	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SAUL, JAMES 11000 70TH AVENUE NORTH SEMINOLE FL 33772			7. Name and Address of New Registered Agent Name Anthony Sabba Street Address (P.O. Box Number is Not Acceptable) 5282 95th St. N. Unit 2 City St. Pete FL Zip Code 33708		
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 Anthony Sabba President DATE 2/27/08 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))					
FILE NOW: 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	PD ANTHONY SABBA 5282 95TH ST. N. ST. PETERSBURG FL 33708	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAUL, JAMES J 5282 95TH STREET N ST. PETERSBURG FL 33708	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SABBA, DAWNE 5282 95TH ST. N. ST. PETERSBURG FL 33708	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCOTT HESTON 5282 95th St. N. ST. PETERSBURG, FL 33708	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 2/27/08 727-399-9594 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					