

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000609

FILED
Jul 03, 2007
Secretary of State

Entity Name: CONTEMPORARY SUITES CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6740 CROSSWINDS DRIVE NORTH
SAA
ST. PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 48254
SAINT PETERSBURG, FL 33743 US

New Mailing Address:

FEI Number: 59-3168787 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SALVEGGI, ANDRA
6740 CROSSWINDS DR N
STE L-2
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

SALVEGGI, ANDRA
6740 CROSSWINDS DR N
STE L
ST. PETERSBURG, FL 33710 US

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.

SIGNATURE:

07/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MACHLER, THEODORE J JR
Address: 6740-B CROSSWINDS DR. NO.
City-St-Zip: ST. PETERSBURG, FL 33710

Title: VD () Delete
Name: NIESET, JAMES R
Address: 6740-D CROSSWINDS DR. NO.
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D () Delete
Name: KRUEGER, GORDON E
Address: 6740-F CROSSWINDS DR. NO.
City-St-Zip: ST. PETERSBURG, FL 33710

Title: TS () Delete
Name: SALVEGGI, ANDRA
Address: 6740 CROSSWINDS DR N, STE L-2
City-St-Zip: ST. PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change () Addition
Name: SALVEGGI, ANDRA
Address: 6740 CROSSWINDS DR N, STE L
City-St-Zip: ST. PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRA SALVEGGI

TS

07/03/2007

Electronic Signature of Signing Officer or Director

Date