

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 06, 2012
Secretary of State

Entity Name: CONTEMPORARY SUITES CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6740 CROSSWINDS DRIVE NORTH
ST. PETERSBURG, FL 33710 US

New Principal Place of Business:

6740 CROSSWINDS DRIVE NORTH
SUITE H
ST. PETERSBURG, FL 33710 US

Current Mailing Address:

6740 CROSSWINDS DRIVE NORTH
STE. H
ST. PETERSBURG, FL 33710 US

New Mailing Address:

FEI Number: 59-3168787 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOWMAN, RAY L PH.D.
6740 CROSSWINDS DR N
STE H
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: TS
Name: BOWMAN, RAY L PH.D.
Address: 6740-H CROSSWINDS DR. NORTH
City-St-Zip: ST. PETERSBURG, FL 33710 US

I hereby 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 all other like empowered.

SIGNATURE: RAY L. BOWMAN, PH.D.

RA

01/06/2012

Electronic Signature of Signing Officer or Director

Date