

DOCUMENT # **NY4U000002701**

1. Entity Name

**GRAHAM-ROGALL RESIDENT MANAGEMENT CORPORATION**

Principal Place of Business

Mailing Address

325 9TH STREET S.  
ST. PETERSBURG FL 33705  
US325 9TH STREET S.  
ST. PETERSBURG FL 33705-1714  
US

2. Principal Place of Business

Same as Above

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-3253407

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PHILLIPS, HAZEL  
305 9TH STREET SOUTH  
APT. #408  
ST. PETERSBURG FL 33705

7. Name and Address of New Registered Agent

Name Sharon Collins

Street Address (P.O. Box Number is Not Acceptable)

305 9th Street South Apt 806

City St. Petersburg

FL

Zip Code 33705

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.

SIGNATURE Sharon Collins

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	COLLINS, SHARON	
STREET ADDRESS	305 9TH ST STE 808	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FISK, BARBARA	
STREET ADDRESS	300 TENTH ST SOUTH #245	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CADLE, ROSALIE	
STREET ADDRESS	305 NINTH STREET, SOUTH #607	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandra Ott	
STREET ADDRESS	305 9th St So #1124	
CITY-ST-ZIP	St. Petersburg, FL 33705	

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Walsh	
STREET ADDRESS	305 9th St So #801	
CITY-ST-ZIP	St. Petersburg, FL 33705	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sharon Collins 1-13-00 (727) 821-2228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)