2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P06000054329

1. Entity Name
CONDOS BY SIRATA, INC.

Principal Place of Business
5300 GULF BLVD
ST PETE BCH, FL 33706

Mailing Address
5300 GULF BLVD
ST PETE BCH, FL 33706

DO NOT WRITE IN THIS SPACE

01222007 No Chg-P CR2E034 (11/05)

4. FEI Number
41-2204872

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NICKLAUS, DEBORAH L
5300 GULF BLVD
ST PETE BCH, FL 33706

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RODRIGUEZ, STEVEN W
STREET ADDRESS	5300 GULF BLVD
CITY-ST-ZIP	ST PETE BCH, FL 33706
TITLE	DV
NAME	NICKLAUS, H. GREGG
STREET ADDRESS	5300 GULF BLVD
CITY-ST-ZIP	ST PETE BCH, FL 33706
TITLE	DS
NAME	NICKLAUS, DEBORAH
STREET ADDRESS	5300 GULF BLVD
CITY-ST-ZIP	ST PETE BCH, FL 33706
TITLE	DT
NAME	BOURGETTE, HEATHER L
STREET ADDRESS	5300 GULF BLVD
CITY-ST-ZIP	ST PETE BCH, FL 33706
TITLE	D
NAME	NICKLAUS-BALL, LENNE B
STREET ADDRESS	5300 GULF BLVD
CITY-ST-ZIP	ST PETE BCH, FL 33706
TITLE	D
NAME	HVAL, VALERIE N
STREET ADDRESS	5300 GULF BLVD
CITY-ST-ZIP	ST PETE BCH, FL 33706

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02/20/07-80047-017 150.00

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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 607, 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: _____ 1/24/07 727-319-8701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
STEVEN W. RODRIGUEZ