# DOCUMENT# N0400000802 Entity Name: THE MADISON AT ST. PETE I CONDOMINIUM ASSOCIATION, INC.

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

200 4TH AVE S. ST. PETERSBURG, FL 33701

# **Current Mailing Address:**

970 LAKE CARILLON DR SUITE SUITE 102 ST. PETERSBURG, FL 33716

# FEI Number: 20-0648232

## Name and Address of Current Registered Agent:

PBM 970 LAKE CARILLON DR SUITE 203 ST. PETERSBURG, FL 33716 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:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	PD	Title	D	
Name	ALBRECHT, JACK	Name	HETRICK, BEN	
Address	970 LAKE CARILLON DR SUITE 102	Address	970 LAKE CARILLON DR SUITE 102	
City-State-Zip:	ST. PETERSBURG FL 33715	City-State-Zip:	ST. PETERSBURG FL 33715	
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Title	SD	Title	SD	
Name	ZIMMERMAN, LAUREL	Name	EVANS, MICHAEL	
Address	970 LAKE CARILLON DR SUITE 102	Address	5901 SUN BLVD	
City-State-Zip:	ST. PETERSBURG FL 33715	City-State-Zip:	ST. PETERSBURG FL 33715	
Title	VPD			
Name	RAHMAN, KATE			
Address	970 LAKE CARILLON DR SUITE 102			
City-State-Zip:	ST. PETERSBURG FL 33716			

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.

PD

#### SIGNATURE: ALBRECHT, JACK

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 30, 2013 Secretary of State CC0834558842

Certificate of Status Desired: No

01/30/2013 Date

Date