

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Dec 11, 2012  
Secretary of State**

DOCUMENT# 722491

**Entity Name:** HOWELL PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2401 ARDSON PLACE  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

2401 ARDSON PLACE  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 59-1565161      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, WAYNE N MANAGER  
2401 ARDSON PLACE  
TAMPA, FL 33629 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: S  
Name: HAMPTON, JENNIE  
Address: 2403 ARDSON PL  
City-St-Zip: TAMPA, FL 33629

Title: T  
Name: CROWDER, WILLIAM  
Address: 2405 ARDSON PLACE  
City-St-Zip: TAMPA, FL 33629

Title: P  
Name: WATERSTRAAT, CRAIG  
Address: 2401 ARDSON PLACE  
City-St-Zip: TAMPA, FL 33629

Title: D  
Name: DALEY, THOMAS L  
Address: 2407 ARDSON PLACE  
City-St-Zip: TAMPA, FL 33629

Title: D  
Name: LEVY, J. LEONARD  
Address: 2407 ARDSON PLACE  
City-St-Zip: TAMPA, FL 33629

Title: VP  
Name: SELLAS, ROBERT  
Address: 2405 ARDSON PLACE  
City-St-Zip: TAMPA, FL 33629

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: JENNIE HAMPTON

S

12/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date