2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765244

FILED Mar 17, 2009 Secretary of State

Entity Name: VINEYARD OF TAMPA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4611 NORTH B STREET TAMPA, FL 33609

Current Mailing Address: New Mailing Address:

4611 NORTH B ST. 200 NORTH PINE AVENUE **BOX 11** SUITE A TAMPA, FL 33609 US OLDSMAR, FL 34677 US

FEI Number: 59-2407556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CONDOMINIUM ASSOCIATES BRUDNY & RABIN, PA 777 S. HARBOUR ISLAND BLVD. 200 NORTH PINE AVENUE SUITE 270 SUITE A TAMPA, FL 33602 US OLDSMAR, FL 34677 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: MICHAEL BRUDNY 03/17/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition MAYO, SANDRA MAYO, SANDRA Name: Name: **4611 NORTH** Address: 4611 NORTH B STREET #125 Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33609 Title: Title: (X) Change () Addition () Delete CHERNOFF, MARTIN Name: WALKER, PYKE Name: Address: 302 N. TRASK ST. #103 Address: 4611 W. NORTH B STREET #139 City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33609 Title: () Delete Title: () Change () Addition

MCGRUDDY, DONNA Name: Name:

4611 W. NORTH B STREET #1 Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: HIGGINS, SHIRLEY Name: 4609 NORTH B ST. #212 Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip:

Title: Title: () Delete () Change () Addition

JASEN, KARLA Name: Name: 2090 SUN DOWN DRIVE Address: Address: City-St-Zip: CLEARWATER, FL 33763 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SANDRA MAYO Ρ 03/17/2009