

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007093

FILED
May 01, 2008
Secretary of State

Entity Name: SAMUEL PROPERTY ASSOCIATES, INC.

Current Principal Place of Business:

3501 SAN JOSE STREET
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

3501 SAN JOSE STREET
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-3754090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DEBEVOISE, JOHN T
3501 SAN JOSE STREET
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: PD () Delete
Name: BRABSON, JOHN A JR.
Address: 3501 SAN JOSE JR.
City-St-Zip: TAMPA, FL 33629

Title: VD () Delete
Name: DEBEVOISE, JOHN T
Address: 3501 SAN JOSE STREET
City-St-Zip: TAMPA, FL 33629

Title: TD () Delete
Name: GAGE, GEORGE
Address: 3501 SAN JOSE STREET
City-St-Zip: TAMPA, FL 33629

Title: SD () Delete
Name: OWNBY, THOMAS J
Address: 3203 W PARKLAND BLVD
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JOHN T DEBEVOISE

VD

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date