2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 16, 2006 8:00 am
Secretary of State
02-20-2006 90056 008 ****61.25

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1. Entity Name
ALCAZAR CONDOMINIUM ASSOCIATION, INC.

66005382

Principal Place of Business	Mailing Address
3025 GROVEWOOD COURT BOX 7 TAMPA, FL 33629-8895	3025 GROVEWOOD COURT BOX 7 TAMPA, FL 33629-8895

01262006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
54-2104593
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OSTERWEIL, DAVID
3025 GROVEWOOD COURT
BOX 7
TAMPA, FL 33629-8845

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OSTERWEIL, DAVID
STREET ADDRESS	3025 GROVEWOOD CT UNIT A
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	T
NAME	SERAFIN, KRISTIN
STREET ADDRESS	P O BOX 716
CITY-ST-ZIP	TAMPA, FL 33601
TITLE	S
NAME	REEVES, JILL
STREET ADDRESS	3025 GROVEWOOD CT UNIT D
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D
NAME	REEES, KEVIN
STREET ADDRESS	3025 GROVEWOOD CT UNIT D
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, 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: _____ 3/13/06 (813) 223-4363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #