

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007457

FILED  
May 01, 2007  
Secretary of State

Entity Name: ALCAZAR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3025 GROVEWOOD COURT  
BOX 7  
TAMPA, FL 336298895

**New Principal Place of Business:**

**Current Mailing Address:**

3025 GROVEWOOD COURT  
BOX 7  
TAMPA, FL 336298895

**New Mailing Address:**

FEI Number: 54-2104593      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:**

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

OSTERWEIL, DAVID  
3025 GROVEWOOD COURT  
BOX 7  
TAMPA, FL 336298845 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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OSTERWEIL, DAVID  
Address: 3025 GROVEWOOD CT UNIT A  
City-St-Zip: TAMPA, FL 33629

Title: T ( ) Delete  
Name: CORDON, MELISSA  
Address: 3025 WEST GROVEWOOD COURT, UNIT E  
City-St-Zip: TAMPA, FL 33629

Title: S ( ) Delete  
Name: PETERS, MARCI  
Address: 3025 WEST GROVEWOOD COURT, UNIT C  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: REEES, KEVIN  
Address: 3025 GROVEWOOD COURT, UNIT D  
City-St-Zip: TAMPA, FL 33629

**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: MELISSA CORDON

T

05/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date