2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State
08-27-2007 90034 043 ****61.25

DOCUMENT # N03000008801

1. Entity Name
SOUTH TOWN RESERVE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
218 E, BEARSS AVE #214 TAMPA, FL 33613	218 E, BEARSS AVE #214 TAMPA, FL 33613

07052007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3699767 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CONDOMINIUM ALLIANCE MNGT CORP.
218 E BEARSS AVE
#214
TAMPA, FL 33613-1625

7. Name and Address of New Registered Agent

Name: Condominium Alliance Mgmt Corp
Street Address (P.O. Box Number is Not Acceptable): 218 E Bearss Ave
City: Tampa **FL** Zip Code: 33613-1625

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 _____ 7/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROUSE, THOMAS 5301 S. MACDILL AVE #7 TAMPA, FL 33611	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Carol Peacock 5801 S MacDill Ave #2 Tampa FL 33611	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PIKE, JENNIFER 5801 S. MACDILL AVE #6 TAMPA, FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROMANO, CHRISTOPHER 5801 S. MACDILL AVE #15 TAMPA, FL 33611	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Cy + Pat Hart 5801 S MacDill Ave #10 Tampa FL 33611	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 7/5/07 813-935-6633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #