
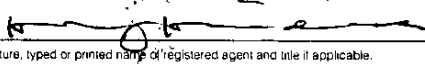
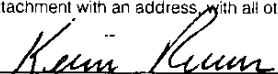


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2007 8:00 am
Secretary of State

08-28-2007 90023 040 ****61.25

DOCUMENT # N04000001835			
1. Entity Name URBAN TOWNHOMES ASSOCIATION, INC.			
Principal Place of Business 325 SOUTH BOULEVARD TAMPA, FL 33606		Mailing Address 325 SOUTH BOULEVARD TAMPA, FL 33606	
2. Principal Place of Business - No P.O. Box # 4970 PARK BLVD		3. Mailing Address PO BOX 66507	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PINELLAS PARK, FL		City & State ST PETE BEACH, FL	
Zip 33781	Country USA	Zip 33736	Country USA
6. Name and Address of Current Registered Agent MOLLOY, DANIEL L 325 SOUTH BOULEVARD TAMPA, FL 33606		7. Name and Address of New Registered Agent Name: HENDY HEIDENREICH Street Address (P.O. Box Number is Not Acceptable): 4970 PARK BLVD. City: PINELLAS PARK FL Zip Code: 33781	
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: 8/24/07	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D	NAME: LUM, JOHN <input checked="" type="checkbox"/> Delete	TITLE: PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: KEVIN REEVES
STREET ADDRESS: 2101 W. PLATT STREET	CITY-ST-ZIP: TAMPA, FL 33606	STREET ADDRESS: 3210 W HORATIO ST #8	CITY-ST-ZIP: TAMPA, FL 33607
TITLE: D	NAME: KOEHLER, KEITH W <input checked="" type="checkbox"/> Delete	TITLE: VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: MICHAEL GRANT
STREET ADDRESS: 2101 W. PLATT STREET	CITY-ST-ZIP: TAMPA, FL 33606	STREET ADDRESS: 3210 W HORATIO ST #2	CITY-ST-ZIP: TAMPA, FL 33607
TITLE: D	NAME: GULUZIAN, ARAM <input checked="" type="checkbox"/> Delete	TITLE: TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: STACIE HARRIS
STREET ADDRESS: 2101 W. PLATT STREET	CITY-ST-ZIP: TAMPA, FL 33606	STREET ADDRESS: 3210 W HORATIO ST #3	CITY-ST-ZIP: TAMPA, FL 33607
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Delete	CITY-ST-ZIP: <input type="checkbox"/> Delete	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Delete	CITY-ST-ZIP: <input type="checkbox"/> Delete	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> 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:  Kevin Reeves		DATE: 8-20-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #: 813-728-4992	

