

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011285

FILED  
Jun 29, 2009  
Secretary of State

Entity Name: OLD TAMPA ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1850 PORTER LAKES DRIVE  
SUITE 109  
SARASOTA, FL 34240

**New Principal Place of Business:**

1800 2ND ST  
SUITE 104  
SARASOTA, FL 34236

**Current Mailing Address:**

1850 PORTER LAKES DRIVE  
SUITE 109  
SARASOTA, FL 34240

**New Mailing Address:**

1800 2ND ST  
SUITE 104  
SARASOTA, FL 34236

FEI Number: 20-4426589      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:**

KLUDING, MATTHEW  
1800 SECOND STREET #104  
SARASOTA, FL 34236 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES ( ) Change (X) Addition  
Name: POWELL, JAMES  
Address: 1800 2ND ST #104  
City-St-Zip: SARASOTA, FL 34236

Title: VP ( ) Change (X) Addition  
Name: KLUDING, MATTHEW  
Address: 1800 2ND ST #104  
City-St-Zip: SARASOTA, FL 34236

Title: VP ( ) Change (X) Addition  
Name: ULICNY, JOSEPH  
Address: 1800 2ND ST #104  
City-St-Zip: SARASOTA, FL 34236

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: JOSEPH ULICNY

VP

06/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date