2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008
Secretary of State

DOCUMENT# N07000002287

Entity Name: 4787 RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5003 S ELBERSON ST
TAMPA, FL 33611

New Principal Place of Business:

5003 S ELBERON ST
TAMPA, FL 33611

Current Mailing Address:

5003 S ELBERSON ST
TAMPA, FL 33611

New Mailing Address:

5003 S ELBERON ST
TAMPA, FL 33611

FEI Number: **FEI Number Applied For (X)** **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:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: PD ( ) Delete
Name: SOLIE, LEONARD N
Address: 5003 S ELBERSON ST
City-St-Zip: TAMPA, FL 33611

Title: VPD ( ) Delete
Name: HARRISON, MAREK N
Address: 5003 S ELBERSON ST
City-St-Zip: TAMPA, FL 33611

Title: STD ( ) Delete
Name: ALLARD, BRIAN
Address: 5003 S ELBERSON ST
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SOLIE, LEONARD N
Address: 5003 S ELBERON ST
City-St-Zip: TAMPA, FL 33611

Title: VPD (X) Change ( ) Addition
Name: HARRISON, MAREK N
Address: 5003 S ELBERON ST
City-St-Zip: TAMPA, FL 33611

Title: STD (X) Change ( ) Addition
Name: ALLARD, BRIAN
Address: 5003 S ELBERON ST
City-St-Zip: TAMPA, FL 33611

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: LEONARD N SOLIE PD 07/09/2008

Electronic Signature of Signing Officer or Director — Date