FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Amended

FILED
96 DEC 16 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28053 (9)

Corporation Name
ALBANY PLACE CONDOMINIUM ASSOCIATION OF TAMPA, INC.

Principal Place of Business
607 S. ALBANY
#8
TAMPA FL 33606
US

Mailing Address
~~15904 SHAWER LAKE DRIVE~~
~~LUTZ FL 33549~~
~~US~~ 607 S Albany #10
Tampa, FL 33606
US

3. Date Incorporated or Qualified: 08/25/1988
3a. Date of Last Report: 01/20/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0140899 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

FULLER, JULIE M.
15904 SHAWVER LAKE DRIVE
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name: Craver, Sandra
82 Street Address (P.O. Box Number is Not Acceptable): 607 S Albany #10
83
84 City: Tampa FL 85 Zip Code: 33606

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Sandra Craver — 12/8/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BRAZLE, KEN	1.2 NAME	12/18/96--01010-019
STREET ADDRESS	607 S ALBANY #14	1.3 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BEAUCHAINE, BETTY	2.2 NAME	
STREET ADDRESS	607 S ALBANY #1	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	TD ☒ DELETE	3.1 TITLE	TD ☐ Change ☒ Addition
NAME	~~FULLER, JULIE~~	3.2 NAME	
STREET ADDRESS	15904 SHAWVER LAKE DR.	3.3 STREET ADDRESS	Sandra G. Craver
CITY-ST-ZIP	LUTZ, FL 33549	3.4 CITY-ST-ZIP	607 S. Albany Apt. 10 Tampa, FL 33606
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12/17/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Julie Fuller — 1/19/96 — (813) 978-6543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #