

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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 SHAWVER LAKE DRIVE LUTZ FL 33649
US 607 S Albany #10 Tampa, FL 33606

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

3. Date Incorporated or Qualified: 08/25/1988
3a. Date of Last Report: 01/20/1995
4. FEI Number: 65-0140899
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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* DATE: *12/19/96*

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRAZLE, KEN	
STREET ADDRESS	607 S ALBANY #14	
CITY - ST - ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BEAUCHAINE, BETTY	
STREET ADDRESS	607 S ALBANY #1	
CITY - ST - ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FULLER, JULIE	
STREET ADDRESS	15904 SHAWVER LAKE DR.	
CITY - ST - ZIP	LUTZ, FL 33549	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

1.1 TITLE	50002052008	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	-12/18/96-01012-019	
1.3 STREET ADDRESS	****\$61.25 ****\$61.25	
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	<i>Sandra G. Craver</i>	
3.4 CITY - ST - ZIP	<i>607 S. Albany Apt. 10</i>	<i>nif 10</i>
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	<i>Tampa, FL 33606</i>	
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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* DATE: *1/19/96* (813) 498-6543