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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N28053

1. Corporation Name

ALBANY PLACE CONDOMINIUM ASSOCIATION OF TAMPA, INC.

Principal Place of Business

607 S. ALBANY
 #10
 TAMPA FL 33606
 US

Mailing Address

607 S. ALBANY AVE.
 APT. 10
 TAMPA FL 33606
 US

LIBRARY 3 8 5 9 9 5 - 9 0 0 8 2 - 2 0



2. Principal Place of Business

21 **607 S. Albany**

Suite, Apt. #, etc.

22 **#4**

City & State

23 **Tampa FL**

Zip

24 **33606**

Country

25 **U.S.**

2a. Mailing Address

26 **607 S. Albany**

Suite, Apt. #, etc.

27 **#4**

City & State

28 **Tampa FL**

Zip

29 **33606**

Country

30 **U.S.**

3. Date Incorporated or Qualified

08/25/1988

4. FEI Number

65-0140899

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CRAYER, SANDRA
 607 S. ALBANY, #10
 TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

Randal G. Gerber

82 Street Address (P.O. Box Number is Not Acceptable)

607 S. Albany #4

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

Randal G. Gerber

4-13-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** DELETE
 NAME **BRAZLE, KEN**
 STREET ADDRESS **607 S ALBANY #14**
 CITY-ST-ZIP **TAMPA FL**

TITLE **VD** DELETE
 NAME **BEAUCHAINE, BETTY**
 STREET ADDRESS **607 S ALBANY #1**
 CITY-ST-ZIP **TAMPA FL**

TITLE **TD** DELETE
 NAME **CRAYER, SANDRA G**
 STREET ADDRESS **607 S. ALBANY, #10**
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** Change Addition
 1.2 NAME **Klosinski, Jack P.**
 1.3 STREET ADDRESS **607 S. Albany #13**
 1.4 CITY-ST-ZIP **Tampa FL 33606**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE **TD** Change Addition
 3.2 NAME **Gerber, Randal G**
 3.3 STREET ADDRESS **607 S. Albany, #4**
 3.4 CITY-ST-ZIP **Tampa, FL 33606**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

Randal G. Gerber

4-13-99

800-237-7676 X6663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)