

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28053

FILED  
Apr 30, 2005  
Secretary of State

**Entity Name:** ALBANY PLACE CONDOMINIUM ASSOCIATION OF TAMPA, INC.

**Current Principal Place of Business:**

1207 N. HIMES AVE  
STE 3  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

1207 N. HIMES AVE  
STE 3  
TAMPA, FL 33607 US

**New Mailing Address:**

**FEI Number:** 65-0140899      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UNIQUE PROPERTY SERVICE, INC.  
1207 N. HIMES AVE  
STE 3  
TAMPA, FL 33607 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: SD ( ) Delete  
Name: BEAUCHAINE, BETTY,  
Address: 607 S ALBANY #1  
City-St-Zip: TAMPA, FL

Title: PD ( ) Delete  
Name: ERDMANN, ERICKA  
Address: 607 S ALBANY 11  
City-St-Zip: TAMPA, FL 53606

Title: TD ( ) Delete  
Name: TOWNS, PHILLIP  
Address: 607 S. ALBAY #3  
City-St-Zip: TAMPA, FL 33606

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FIERMAN, ARTHUR  
Address: 607 S. ALBANY #6  
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ERICKA ERDMANN

PD

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date