

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northington
Secretary of State
1995

AND FILED
MAY - 1 11 9:07
TAMPA, FLORIDA

DOCUMENT # **N92000000238 (7)**

3219 DELEON STREET CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **3219B DELEON ST TAMPA FL 33609**
 Mailing Address: **3219B DELEON ST TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE

3. (Date Incorporated or Qualified) **11/12/1992** 3a. Date of Last Report **04/21/1994**

4. FI Number **59-3151682** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under § 199, F.S.C., Florida Statutes Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

22. Suite Apt. # etc. 27. Suite Apt. # etc.

23. City & State: 28. City & State:

24. Zip: 25. Florida: 29. Zip: 30. Country:

9. Name and Address of Current Registered Agent

**URETTE, MICHAEL E
3239 HENDERSON BLVD
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81. Name: 85. Zip Code: **FL**

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

83. 84. City:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (Type or Print Name of Registered Agent) _____ (Type or Print Name of Signing Officer or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	GARRISON, WILLIAM B 3219B DELEON ST. TAMPA FL 33609	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAM: VD	PFEFFER, REGINA 3219A DELEON ST. TAMPA FL 33609	1.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: STD	REACH, JULIE 3219 B DELEON ST. TAMPA FL 33609	1.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP: 1.4		1.4 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP: 1.5		1.5 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP: 1.6		1.6 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP: 1.7		1.7 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP: 1.8		1.8 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP: 1.9		1.9 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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: *William B Garrison* **WILLIAM B GARRISON** 4/30/95 813-871-2262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)