## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

## DOCUMENT # N9200000238 (7)

3219 DELEON STREET CONDOMINIUM ASSOCIATION, INC.

Principal Place of Eucliness   1318   ELECON ST.   TAMPA FL 33009   TAMP								
TAMPA FL 3809	Principal Place of Business Mailing Address				if <b>00</b> 111 <b>00</b> 111 <b>00</b> 111	<b>0 11000 1110</b> 1 1011 1001		
2. Principal Pauce of Business   2a. Melling Address   2b. Sep 3/15/1682   Applied For Sep 3/15/1682   Applied For Sep 3/15/1682   Applied For Sep 3/15/1682   Applied For Sep 3/15/1682   S								
Summary   Summ					3. Date Incorporated or Qualified 11/12/1992	3a. Date of 05/0	Last Report 1/1995	
Suite, Apt. 6, etc.   27   27   27   27   28   28   29   29   30   5. Certificate of Status Desired   \$8.75 Additional Fee Required 29   28   29   30   5. Country   6. Election Campagn Financing Trust Fund Certification   \$5.00 May 56 Additional Fee Required 29   28   29   30   5. Country   6. This copporation has liability for intample by under \$1.99.032, Florids Statutus   10. Name and Address of New Registered Agent   10. Name and Address	<b>-</b>	<b>⊢</b> •			4. FEI Number 50-2151692		<b></b>	
27					39 3 13 1002	<b></b>		
25	22				5. Certificate of Status Desired			
Zp		— ·				1 1		
24			Count	 rv				
URETTE, MICHAEL E 3239 HENDERSON BLVD TAMPA FL 33609  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 at registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing at registered diffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing at registered diffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing at registered diffice or registered agent. I am statement for the purpose of changing at registered diffice or registered agent. I am statement for the purpose of changing at registered diffice or registered agent. I am statement for the purpose of changing at registered diffice or registered agent. I am statement for the purpose of changing at registered diffice or registered agent. I am statement for the purpose of changing at registered diffice or registered agent. I am statement for the purpose of changing at registered agent. I am statement for the purpose of changing at registered agent. I am statement for the purpose of changing at registered agent. I am statement for the purpose of changing at registered agent. I am statement for the purpose of changing at registered agent. I am statement for the purpose of changing at registered agent. I am statement for the purpose of changing at registered agent. I am statement for the purpose of changing at registered agent. I am statement for the purpose of changing at registered agent. I am statement for the purpose of changing at registered agent. I am statement for the purpose of changing at registered agent. I am statement for the purpose of changing at registered agent. I am statement for the purpose of changing at registered agent. I am statement for the p	<b>├</b> ┐				· · · · · · · · · · · · · · · · · · ·			
URETTE, MICHAEL E 3239 HENDERSON BLVD TAMPA FL 33609  82  Sircel Address (P.O. Box Number is Not Acceptable)  83  84  City  FL  85  Zip Code  11. Pursuant to the provisions of Sections 617-0502 and 617-1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered afficiency with red provisions of Sections 617-0502 and 617-1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered diffice 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, Socione 617-0505, Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the purpose of changing its registered diffice or registered agent. I am familiar with the purpose of changing its registered diffice or registered agent. I am familiar with the purpose of changing its registered diffice or registered agent. I am familiar with the purpose of changing its registered diffice or registered agent. I am familiar with the purpose of changing its registered diffice or registered agent. I am familiar with the purpose of changing its registered diffice or registered agent. I am familiar with the purpose of changing its registered diffice or registered agent. I am familiar with the purpose of changing its registered diffice or registered agent. I am familiar with the purpose of changing its registered diffice or registered agent. I am familiar with the purpose of the purpose of changing its registered diffice or	9. Name and Address of Current	Registered Agent		,		Registered Agen	t	
3239 HENDERSON BLVD TAMPA FL 33609  11. Pursuant to the provisions of Sections 617,1508, Fortish Statutes, the above-named corporation submits this statement for the purpose of changing its registered office forming with, and accept the obligations of, Section 17,0508, Fortish Statutes, the above-named corporation submits this statement for the purpose of changing its registered office forming with, and accept the obligations of, Section 17,0508, Fortish Statutes.  SIGNATURE  12. OFFICERS AND DIFECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12  14. Intel  15. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12  16. STREET ADDRESS  SIRRET ADDRESS  SIRRET ADDRESS  SIRRET ADDRESS  TAMPA FL 33609  16. STREET ADDRESS  SIRRET ADDRESS	1100000		8	1 Name				
TAMPA FL 33609    83				2 Street	Aridress (P.O. Box Number is Not Accepta	ble)		
B4   City	i		8	3				
1. Pursuant to the provisions of Sections 617.0502 and 617.1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am remained the provision of Section 617.0502. Florida Statutes the above-named corporation's board of directors. Thereby accept the appointment as registered agent. I am remained the provision of Section 617.0502. Florida Statutes the above-named corporation's board of directors. Thereby accept the appointment as registered agent. I am remained the provision of Section 617.0502. Florida Statutes the above-named of directors. Thereby accept the appointment as registered agent. I am remained the provision of the purpose of changing the provision of the purpose of the provision of the provision of the provision of the purpose of the provision o	)			4 80			T = -	
or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617, 190508, Florida Statutes.  SIGNATURE  Signature, hyest or present name of registered agent and to 6 feedrable.  PD			[8	4 City		FL  85	Zip Code	
12.	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.							
TITLE	Signature, typed or printed name of registered agent ar			jent signature				
NAME STREET ADDRESS 3219B DELEON ST. TAMPA FL 33609  TITLE VD PFEFFER, REGINA 3219A DELEON ST. TAMPA FL 33609  TAMPA FL 33609  TOLE PFEFFER, REGINA 3219A DELEON ST. TAMPA FL 33609  TOLE STD TAMPA FL 33609  TOLE STD TAMPA FL 33609  TOLE TAMPA FL 33609  TOLE STD TAMPA FL 33609  TOLE STD TAMPA FL 33609  TOLE TAMPA FL 33609  TOLE TAMPA FL 33609  TOLE TAMPA FL 33609  TOLE TOLE STD TAMPA FL 33609  TOLE TOLE TOLE TAMPA FL 33609  TOLE TOLE TOLE TOLE TOLE TOLE TOLE TOL	, ma							
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TAMPA FL 33609	2040P DELEGNICE				land A Delcon ot.			
NAME   PREFFER, REGINA   3219A DELEON ST.   7AMPA FL 33609   7DELETE   31111LE   7217   7AMPA FL 33609   7Addition   7AMPA FL 33609   7Addition   7AMPA FL 33609   7Addition   7AMPA FL 33609	011, 31 211		1.4 CITY	-ST-ZIP	Tumpa FL, 33609			
STREET ADDRESS   3219A DELEON ST.	1 112	DELETE	2 1 TITLE			☐ Cha	ange 🔲 Addition	
TAMPA FL 33609   2 4 CITY-ST-ZIP   TITLE   STD   STD   STREET ADDRESS   3219 B DELEON ST.   33 SIREET ADDRESS   34 CITY-ST-ZIP   TAMPA FL 33609   Addition   Additi	2010A DELEGIA OT		1					
TITLE NAME NAME NAME SIREET ADDRESS CITY-ST-ZIP TIPLE DELETE DELETE STD MICHAEL J. Galesti 32 19 B Deleon 5t. Tampa FL 33 609  Change Addition Addition Addition Addition Addition Addition NAME SIREET ADDRESS CITY-ST-ZIP TIPLE DELETE S1 TIPLE S2 NAME S5 SIREET ADDRESS CITY-ST-ZIP TIPLE DELETE S6 1 TIPLE S6 1 TIPLE Change Addition Addi	TAMPA EL 22000		1					
NAME   STREET ADDRESS		DELETE			STO		ange	
TAMPA FL 33609	DEACH BUIL	<b></b>			Michele J. Galesti		<u> </u>	
TAMPA FL 33609	0.112.1100.1200		3 3 STRE	et address	3219 B Deleon St.			
NAME       4.2 NAME         STREET ADDRESS       4.3 STREET ADDRESS         CITY-SI-ZIP       4.4 CITY-SI-ZIP         TITLE       □ Change       □ Addition         NAME       5.2 NAME         STREET ADDRESS       5.3 STREET ADDRESS         CITY-SI-ZIP       5.4 CITY-SI-ZIP         TITLE       □ Change       □ Addition         NAME       6.1 HILE       □ Change       □ Addition         NAME       6.2 NAME         STREET ADDRESS       6.3 STREET ADDRESS	CITY-ST-ZIP TAMPA FL 33609		3.4 CITY	- ST- ZIP	Tampa FL 33609			
STREET ADDRESS		DELETE				☐ Cha	ange Addition	
CITY-SI-ZIP								
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         5.2 NAME         CITY-ST-ZIP         5.3 STREET ADDRESS         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         CS NAME         CS NAME         CS NAME           SIREET ADDRESS         6.3 STREET ADDRESS         CS STREET ADDRESS								
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□ 6.4.0(TV_CT_7)P □ 6.4.0(TV_TT_7)P □ 6.4.0(TV_								
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	City-St-ZiP  14 Lido hereby certify that the information supplied wi	th this filling is voluntarily furnis		<del> </del>	alify for the exemption stated in Section 119	9 07(3)(k) Florida S	Statutes I further	

14. To discretify that the information supplied with this thing is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(R), Florida Statutes. If 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 a statistic members.

SIGNATURE:

SIGNATURE AND TYPED BY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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