

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED  
 Oct 08 1998 8:00am  
 Secretary of State

DOCUMENT # N92000000238 (7)

1. Corporation Name  
 3219 DELEON STREET CONDOMINIUM ASSOCIATION, INC.

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

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

9. Name and Address of Current Registered Agent

URETTE, MICHAEL E  
 3239 HENDERSON BLVD  
 TAMPA FL 33609

81 Name  
 82 Street 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 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

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 [ ] DELETE  
 NAME PD  
 STREET ADDRESS WALTER T. JOHNSON, JR.  
 CITY-ST-ZIP 3219A DELEON ST.  
 TAMPA FL  
 TITLE [ ] DELETE  
 NAME VD  
 STREET ADDRESS PFEFFER, REGINA  
 CITY-ST-ZIP 3219A DELEON ST.  
 TAMPA FL 33609  
 TITLE [ ] DELETE  
 NAME STD  
 STREET ADDRESS MICHELE J. GALESKI  
 CITY-ST-ZIP 3219 B DELEON ST.  
 TAMPA FL  
 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  
 11 TITLE [ ] Change [ ] Addition  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY-ST-ZIP  
 21 TITLE [ ] Change [ ] Addition  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY-ST-ZIP  
 31 TITLE [ ] Change [ ] Addition  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY-ST-ZIP  
 41 TITLE [ ] Change [ ] Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-ST-ZIP  
 51 TITLE [ ] Change [ ] Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP  
 61 TITLE [ ] Change [ ] Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 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)(i), 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: Michele Galeski  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHELE GALESKI 9/2/98 813-348-1372  
 Date Daytime Phone #

CR2E037 (5/98)