

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000238

FILED
Apr 29, 2009
Secretary of State

Entity Name: 3219 DELEON STREET CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3219B DELEON ST.
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

3219B DELEON ST.
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3151682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

URETTE, MICHAEL E
3239 HENDERSON BLVD
TAMPA, FL 33609 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: PD () Delete
Name: COBURN, MICHELE J
Address: 3219A DELEON ST.
City-St-Zip: TAMPA, FL

Title: STD () Delete
Name: MICHELE J. COBURN
Address: 3219 B DELEON ST.
City-St-Zip: TAMPA, FL

Title: VD () Delete
Name: DIPIERRO, LINDA
Address: 3219 A DELEON STREET
City-St-Zip: TAMPA, FL 33609

Title: STD () Delete
Name: COBURN, KENNETH
Address: 3411 PALMIRA
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COBURN, MICHELE J
Address: 3219B DELEON ST.
City-St-Zip: TAMPA, FL

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHELE COBURN

PD

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date