

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 19, 2011  
Secretary of State**

DOCUMENT# N92000000238

Entity Name: 3219 DELEON STREET CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3219B DELEON ST.  
TAMPA, FL 33609

**New Principal Place of Business:**

3219 DELEON ST.  
B  
TAMPA, FL 33609

**Current Mailing Address:**

3219B DELEON ST.  
TAMPA, FL 33609

**New Mailing Address:**

3219 DELEON ST.  
B  
TAMPA, FL 33609

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  
Name: COBURN, MICHELE J  
Address: 3219 W DELEON ST. UNIT B  
City-St-Zip: TAMPA, FL 33609 US

Title: STD  
Name: MICHELE J. COBURN  
Address: 3219 W DELEON ST. UNIT B  
City-St-Zip: TAMPA, FL 33609 US

Title: VD  
Name: DIPIERRO, LINDA  
Address: 3219 W DELEON STREET UNIT A  
City-St-Zip: TAMPA, FL 33609 US

Title: STD  
Name: COBURN, KENNETH  
Address: 3411 PALMIRA  
City-St-Zip: TAMPA, FL 33629 US

I hereby 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 all other like empowered.

SIGNATURE: MICHELE COBURN

PD

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date