

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

0101680

DOCUMENT # N92000000238

1. Entity Name

3219 DELEON STREET CONDOMINIUM ASSOCIATION, INC.



04-28-2003 91272 047 ****61.25

Principal Place of Business 3219B DELEON ST. TAMPA FL 33609	Mailing Address 3219B DELEON ST. TAMPA FL 33609
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

4. FEI Number 59-3151682	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WALTER V. JOHNSON, JR.	
STREET ADDRESS	3219A DELEON ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PFEFFER, REGINA	
STREET ADDRESS	3219A DELEON ST.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MICHELE J. GALESKI	
STREET ADDRESS	3219 B DELEON ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA DIPIERRO	
STREET ADDRESS	3219 A DELEON ST.	
CITY-ST-ZIP	TAMPA, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHELE J. GALESKI	
STREET ADDRESS	3219 B DELEON ST.	
CITY-ST-ZIP	TAMPA, FL	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA DIPIERRO	
STREET ADDRESS	3219 A DELEON ST.	
CITY-ST-ZIP	TAMPA, FL	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNETH COBURN	
STREET ADDRESS	3411 PALMIRA	
CITY-ST-ZIP	TAMPA, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Michele J. Galeski 4-25-03 813-348-1392*

CR2E037 (10/02)