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**FILED**
**May 06, 1999 8:00 am**
**Secretary of State**
05-06-1999 90066 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
*Secretary of State*
DIVISION OF CORPORATIONS

# DOCUMENT # 765266

1. Corporation Name
215 VERNE CONDOMINIUM ASSOCIATION, INC.

* 5 55984 7 *
559847 - 90055 - 14

| Principal Place of Business | Mailing Address |
|---|---|
| 215 VERNE ST<br>SUITE A<br>TAMPA FL 33606-2332 | P.O. BOX 709<br>TAMPA FL 33601 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 N/A | 2a. Mailing Address<br>26 N/A | 3. Date Incorporated or Qualified<br>10/04/1982 |
| Suite, Apt. #, etc.<br>22 N/A | Suite, Apt. #, etc.<br>27 N/A | 4. FEI Number<br>59-2148227 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 N/A | City & State<br>28 N/A | 5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 25 | Zip / Country<br>29 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

WILSON, RICHARD H
215 VERNE ST
SUITE A
TAMPA FL 33602

**10. Name and Address of New Registered Agent**

81 Name: N/A
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: N/A — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>WILSON, RICHARD H.<br>215 VERNE STREET<br>TAMPA, FL 00000 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CRISWELL, GWEN<br>215 VERNE STREET<br>TAMPA FL | ☑ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILSON, SHIRLEY G.<br>525 CHARLES PLACE<br>BRANDON FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | D<br>RONALD HAYNES<br>215 VERNE STREET<br>TAMPA, FLA. 33606 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (11/98)

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 all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED — 4/26/99 — (813) 253-2555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #