

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 765266

1. Entity Name
215 VERNE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

215 VERNE ST
SUITE A
TAMPA, FL 33606-2332

Mailing Address

P.O. BOX 709
TAMPA, FL 33601

FILED
04 FEB -4 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2148227

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity supplies 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILSON, RICHARD H.
STREET ADDRESS 215 VERNE STREET
CITY-ST-ZIP TAMPA, FL 33606

TITLE D
NAME HAYNES, RONALD
STREET ADDRESS 215 VERNE STREET
CITY-ST-ZIP TAMPA, FL 33606

TITLE D
NAME WILSON, SHIRLEY G.
STREET ADDRESS 525 CHARLES PLACE
CITY-ST-ZIP BRANDON, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800029251988
02/23/04--01073--007 **\$61.25

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/04 (813) 2532555