



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90020 048 ****61.25

DOCUMENT # 766581 1. Entity Name 9TH STREET VILLAS CONDO ASSOCIATION, INC.					
Principal Place of Business 13907 N DALE MABRY #208 TAMPA, FL 33618			Mailing Address 13907 N DALE MABRY #208 TAMPA, FL 33618		
2. Principal Place of Business 15009 N. FLORIDA AVE Suite, Apt. #, etc. PMB 241		3. Mailing Address 15009 N. FLORIDA AVE Suite, Apt. #, etc. PMB 241			
City & State TAMPA FLORIDA		City & State TAMPA FLORIDA		4. FEI Number 59-2704334	
Zip 33612		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONDOMINIUM ALLIANCE MNGT CORP 13309 WINDING OAK CT B TAMPA, FL 33612				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ 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 <u>Raymond J. Cronin</u> RAYMOND J. CRONIN <u>3/19/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P MAYNARD, JANICE 922 OTTO VILLA PLACE TAMPA, FL 00000, 33612 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAFFORE, ANTHONY 912 OTTO VILLA PLACE TAMPA, FL 33612 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLORES, VLADIMIR 914 OTTO VILLA PLACE TAMPA, FL 33612 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LYNCH, CHARLES 901 OTTO VILLA PL. TAMPA, FL 33612 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNEY, GREGORY 919 OTTO VILLA PLACE TAMPA, FL 33612 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORES, VLADIMIR 914 OTTO VILLA PLACE TAMPA, FL 33612 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Raymond J. Cronin</u> RAYMOND J. CRONIN <u>3/19/04</u> <u>813 9356633</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					