

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90288 002 ****61.25

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04202005 Chg-NP CR2E037 (10/03)

DOCUMENT # N04000006262 1. Entity Name 502 NORTH ARMENIA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2101 W. PLATT STREET #200 TAMPA, FL 33606			Mailing Address 2101 W. PLATT STREET #200 TAMPA, FL 33606		
2. Principal Place of Business 502 N. ARMENIA AVE Suite, Apt. #, etc.		3. Mailing Address 502 N. ARMENIA AVE Suite, Apt. #, etc.		4. FEI Number 20-1491710 Applied For <input type="checkbox"/> Not Applicable	
City & State TAMPA FL		City & State TAMPA FL			
Zip 33609		Country USA			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent LUM, MARTIN 2101 W. PLATT STREET #200 TAMPA, FL 33606		
7. Name and Address of New Registered Agent Name: KOETTLER, KEITH W Street Address (P.O. Box Number is Not Acceptable): 502 N. ARMENIA AVE City: TAMPA FL Zip Code: 33609					
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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 4/20/05					
Filing Fee is \$61.25 Due by May 1, 2005		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	PTD LUM, JOHN 2101 W. PLATT STREET #200 TAMPA, FL 33606	<input checked="" 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	VSD LUM, MARTIN 2101 W. PLATT STREET #200 TAMPA, FL 33606	<input checked="" 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEITH W. KOETTLER 502 N. ARMENIA AVE TAMPA FL 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM TYSON 504 N. ARMENIA AVE TAMPA FL 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 4/20/05 Daytime Phone #: 813-876-1272	