## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 31, 2008 08:00 AN **DOCUMENT #761160 Secretary of State** THE 150 BUILDING CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 150-153RD #302 150-153RD AVE. SUITE 302 STE 302 MADEIRA BEACH, FL 33708 MADIERA BCH., FL. 33708 01142008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2257603 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE **CHARLES J NEAL** 150-153RD AVE #302 MADEIRA BEACH, FL 33708 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) --Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Due by May 1, 2008 OFFICERS AND DIRECTORS 10. TITLE NAME RAINEY, RITA STREET ADDRESS 3730 KEYSTONE RD. CITY-ST-ZIP TARPON SPRINGS, FL 34688 TITLE U00000807234 02/06/08-80073-022 61.25 NAME FRAHM, PHIL STREET ADDRESS 709 N EUCLID AVE CITY-ST-7IP ORLANDO, FL 32801 TITI F NAME NEAL, CHARLES J. STREET ADDRESS 150-153RD AVENUE DO NOT WRITE CITY-ST-ZIP MADEIRA BCH, FL IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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. (non)

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:	Charles	J. neal	CHARles	J. NEAL	PROSICIENT	1/29	108 392-58	366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Date		Daytime Phone #	