

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90047 024 \*\*\*\*61.25

**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

**DO NOT WRITE IN THIS SPACE**



04022008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
59-2148227

Applied For
Not Applicable

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

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

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

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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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	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	

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IN THIS SPACE**

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.

**SIGNATURE:** **Richard H. Wilson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/08**

Date

**813-253-2555**

Daytime Phone #