

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

04-16-2008 90035 041 ****61.25

DOCUMENT # N07000011278					
1. Entity Name TIERRA DEL SOL PLAZA PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 5115 JOANNE KEARNEY BLVD. TAMPA, FL 33619			Mailing Address 5115 JOANNE KEARNEY BLVD. TAMPA, FL 33619		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-2646597	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALENTE, FRANK 5115 JOANNE KEARNEY BLVD. TAMPA, FL 33619			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEARNEY, BING JR. <input type="checkbox"/> Delete 5115 JOANNE KEARNEY BLVD. TAMPA, FL 33619				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, TRACY J. JR. <input type="checkbox"/> Delete 5115 JOANNE KEARNEY BLVD. TAMPA, FL 33619				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTE, FRANK M. <input type="checkbox"/> Delete 5115 JOANNE KEARNEY BLVD. TAMPA, FL 33619				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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:				Date: 4/11/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					