

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011920

FILED  
Jan 24, 2009  
Secretary of State

Entity Name: 306 SOUTH FREMONT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

306 S FREMONT AVE  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

306 S FREMONT AVE  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

306 S FREMONT AVE HOA  
306 S FREMONT AVE  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: 1 ( ) Delete  
Name: LOMBARD, MARLA  
Address: 306 S FREMONT AVE UNIT D  
City-St-Zip: TAMPA, FL 33606

Title: 2 ( ) Delete  
Name: WOODWARE, KARLA  
Address: 306 S FREMONT AVE UNIT A  
City-St-Zip: TAMPA, FL 33606

Title: 3 ( ) Delete  
Name: YARE, SABRINA  
Address: 306 S FREMONT AVE UNIT B  
City-St-Zip: TAMPA, FL 33606

Title: 4 ( ) Delete  
Name: MEHTA, AVANI  
Address: 306 S FREMONT AVE UNIT C  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AVANI MEHTA

MRS.

01/24/2009

Electronic Signature of Signing Officer or Director

Date