

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722491

**FILED**  
**Feb 07, 2020**  
**Secretary of State**  
**6733543027CC**

**Entity Name:** HOWELL PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2401 S. ARDSON PLACE  
TAMPA, FL 33629

**Current Mailing Address:**

2401 S. ARDSON PLACE  
TAMPA, FL 33629 US

**FEI Number:** 59-1565161

**Certificate of Status Desired:** No

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

SMITH, WAYNE N MANAGER  
2401 S. ARDSON PLACE  
TAMPA, FL 33629 US

*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:** WAYNE N SMITH

02/07/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name WHITE, MARTHA  
Address 2405 S. ARDSON PL  
#204A  
City-State-Zip: TAMPA FL 33629

Title PRESIDENT  
Name WATERSTRAAT, CRAIG  
Address 2401 S. ARDSON PLACE  
#703B  
City-State-Zip: TAMPA FL 33629

Title TREASURER  
Name CARDEN, ROBERT  
Address 2407 S. ARDSON PLACE  
#701A  
City-State-Zip: TAMPA FL 33629

Title VICE-PRESIDENT  
Name CROWDER, WILLIAM  
Address 2405 S. ARDSON PLACE  
#804A  
City-State-Zip: TAMPA FL 33629

Title DIRECTOR  
Name LEVY, J. LEONARD  
Address 2407 S. ARDSON PLACE  
#801A  
City-State-Zip: TAMPA FL 33629

Title DIRECTOR  
Name MCLAUHLIN, JAMES  
Address 2405 S. ARDSON PLACE  
#503A  
City-State-Zip: TAMPA FL 33629

Title DIRECTOR  
Name KIZNER, LEONARD  
Address 2403 S. ARDSON PLACE  
#201B  
City-State-Zip: TAMPA FL 33629

Title MANAGER  
Name SMITH, WAYNE N  
Address 2401 S. ARDSON PLACE  
City-State-Zip: TAMPA FL 33629

*I hereby 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 all other like empowered.*

**SIGNATURE:** WAYNE SMITH

MANAGER

02/07/2020

Electronic Signature of Signing Officer/Director Detail

Date