#### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N28053

Entity Name: ALBANY PLACE CONDOMINIUM ASSOCIATION OF TAMPA, INC.

**Current Principal Place of Business:** 

607 S. ALBANY AVE TAMPA, FL 33606

# **Current Mailing Address:**

216 HYDE PARK PLACE SUITE 1 TAMPA, FL 33606-2371 US

### FEI Number: 59-2906269

### Name and Address of Current Registered Agent:

BAY RIDGE PROPERTY MANAGEMENT 216 HYDE PARK PARK PLACE SUITE 1 TAMPA, FL 33606 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:

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

City-State-Zip: TAMPA FL 33606

| Title           | SD                   | Title           | PD              |  |
|-----------------|----------------------|-----------------|-----------------|--|
| Name            | BEAUCHAINE, BETTY    | Name            | HULL, TED       |  |
| Address         | 607 S ALBANY #1      | Address         | 607 S ALBANY #2 |  |
| City-State-Zip: | TAMPA FL 33606       | City-State-Zip: | TAMPA FL 33606  |  |
|                 |                      |                 |                 |  |
| Title           | TD                   | Title           | VPD             |  |
| Name            | KENT, STEVEN         | Name            | MARKS, LORI     |  |
| Address         | 607 S. ALBANY #13    | Address         | 607 S ALBANY #7 |  |
| City-State-Zip: | TAMPA FL 33606       | City-State-Zip: | TAMPA FL 33606  |  |
|                 |                      |                 |                 |  |
| Title           | D                    |                 |                 |  |
| Name            | BERGEN, JULIE        |                 |                 |  |
| Address         | 607 S ALBANY AVE # 4 |                 |                 |  |

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.

SECRETARY

## SIGNATURE: BETTY BEAUCHAINE

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 26, 2015 Secretary of State CC2427606013

Certificate of Status Desired: No

Date