

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28053

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

**FILED**  
**Mar 06, 2024**  
**Secretary of State**  
**6336786783CC**

**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**

**Certificate of Status Desired: No**

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name DIEBELLA, JEANNE  
Address 607 S ALBANY #8  
City-State-Zip: TAMPA FL 33606

Title SECRETARY  
Name BRISLIN, BRYAN  
Address 607 S ALBANY #11  
City-State-Zip: TAMPA FL 33606

Title TD  
Name KENT, STEVEN  
Address 607 S. ALBANY #13  
City-State-Zip: TAMPA FL 33606

Title PRESIDENT  
Name MARKS, LORI  
Address 607 S ALBANY #7  
City-State-Zip: TAMPA FL 33606

Title D  
Name BERGREN, JULIE  
Address 607 S ALBANY AVE # 4  
City-State-Zip: TAMPA FL 33606

*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: LORI MARKS**

**PRESIDENT**

**03/06/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date