

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

DOCUMENT# N92000000238

**Entity Name:** 3219 DELEON STREET CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 05, 2024**  
**Secretary of State**  
**9891767838CC**

**Current Principal Place of Business:**

3219 DELEON ST.  
B  
TAMPA, FL 33609

**Current Mailing Address:**

3219 DELEON ST.  
B  
TAMPA, FL 33609

**FEI Number: 59-3151682**

**Certificate of Status Desired: No**

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

URETTE, MICHAEL E  
3239 HENDERSON BLVD  
TAMPA, FL 33609 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 PD  
Name COBURN, MICHELE J  
Address 3219 W DELEON ST. UNIT B  
City-State-Zip: TAMPA FL 33609

Title STD  
Name MICHELE J. COBURN  
Address 3219 W DELEON ST. UNIT B  
City-State-Zip: TAMPA FL 33609

Title VD  
Name DIPIERRO, LINDA  
Address 3219 W DELEON STREET UNIT A  
City-State-Zip: TAMPA FL 33609

Title STD  
Name COBURN, KENNETH  
Address 3411 PALMIRA  
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: MICHELE J COBURN**

**PD**

**03/05/2024**

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

\_\_\_\_\_  
Date