

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722491

FILED
Feb 12, 2009
Secretary of State

Entity Name: HOWELL PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2401 ARDSON PLACE
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

2401 ARDSON PLACE
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-1565161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, WAYNE N MANAGER
2401 ARDSON PLACE
TAMPA, FL 33629 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: S () Delete
Name: VIRGINIA WILSON, MARY
Address: 2407 ARDSON PL
City-St-Zip: TAMPA, FL 33629

Title: T () Delete
Name: CONATY, DONALD
Address: 2401 ARDSON PLACE
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: WILLIAM, BRYAN
Address: 2407 ARDSON PLACE
City-St-Zip: TAMPA, FL 33629

Title: P () Delete
Name: WILLIAMS, GEORGE C
Address: 2403 ARDSON PLACE
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: SELLAS, ROBERT
Address: 2405 ARDSON PLACE
City-St-Zip: TAMPA, FL 33629

Title: VP () Delete
Name: WARD, MARY NELL,
Address: 2403 ARDSON PLACE
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: LEVY, LEONARD
Address: 2407 ARDSON PLACE
City-St-Zip: TAMPA, FL 33629

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

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

Title: VP (X) Change () Addition
Name: WATERSTRAAT, CRAIG
Address: 2401 ARDSON PLACE
City-St-Zip: TAMPA, FL 33629

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: GEORGE C. WILLIAMS

P

02/12/2009

Electronic Signature of Signing Officer or Director

Date