## 2004 NCT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FHFD **DOCUMENT #754259** 04 MAR -8 PM 12: 43 PALMA CEIA PLACE CONDOMINIUM ASSOCIATION, INC. SECRETARY OF STATE TALLAHASSIE, FLORDA Principal Place of Business Mailing Address % ANDOVER PROPERTIES, INC. % ANDOVER PROPERTIES, INC. 5008 W. LINEBAUGH AVE., STE 16 5008 W. LINEBAUGH AVE., STE 16 TAMPA, FL 33624 TAMPA, FL 33624 2. Principal Place of Business 3. Mailing Address Suite Ant # etc Suite, Apt. #, etc. 02202004 Cha-NP CR2E037 (10/03) City & State 4. FEI Number City & State Applied For 59-2269175 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDOVER PROPERTIES, INC. Street Address (P.O. Box Number is Not Acceptable) 5008 W. LINEBAUGH AVE., STE 16 **TAMPA, FL 33624** City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agenture required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ■ Addition ☐ Defete SAN PEDRO, LINDA NAME NAME 5255 LINCOLN AVE., UNIT 203B STREET ADDRESS STREET ADORESS CITY-ST-ZIP TAMPA, FL 33609 CITY-ST-ZIP VD TITLE ☐ Change ☐ Addition TITLE Delete WILLIERS, A.R. JR. NAME NAME STREET ADDRESS 5104 W. SAN JOSE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33629 CITY-ST-ZIP E Belete DBemi belonge (70) Change \_\_\_\_\_ddition TITLE TITLE SPEIRS, STEVEN NAME NAME 2707 10 Habanta AUR STREET ADDRESS 527 S. LINCOLN AVE. UNIT 107A STREET ADDRESS Toumparth 3360 TAMPA, FL 33609 CITY-ST-7IP CITY-ST-7IP **Sac**hange Addition TRLE TITLE MASCIANTONIO, GINO L NAME NAME 525 S. LINCOLY AUDI # 208B STREET ADDRESS 527 S. LINCOLN AVE, UNIT 208A STREET ADDRESS TAMPA, FL 33609 CITY-ST-ZIP CITY-ST-ZIP TITLE Addition SD TITLE NAME ZWICK, PATRICIA ANN NAME STREET ADDRESS 527 S. LINCOLN AVE, UNIT 208A STREET ADDRESS 527 Sliggold AUE,# 10579 TAMPA, FL 33609 CITY-ST-ZIP CITY-ST-ZIE Addition Delete TITLE ☐ Change TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with ddress, with all other SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Daytime Phone #

(E