

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760652

FILED
Jan 05, 2008
Secretary of State

Entity Name: ASBURY PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4810 DAUPHIN C-16
PO BOX 130056
TAMPA, FL 33681

New Principal Place of Business:

4810 DAUPHIN B-11
TAMPA, FL 33611

Current Mailing Address:

PO BOX 7692
TAMPA, FL 336737692

New Mailing Address:

PO BOX 7692
TAMPA, FL 33673 76

FEI Number: 59-2264226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAUER, EDDY G III
4218 RIVERSIDE DRIVE
TAMPA, FL 33603 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: D () Delete
Name: MEDERMOTT, PATRICIA
Address: 4810 S. DAUPHIN AVE B15
City-St-Zip: TAMPA, FL 336112956

Title: D () Delete
Name: GUICE, BROCK
Address: 2193 LEILA AVE
City-St-Zip: TAMPA, FL 33611

Title: PD () Delete
Name: DI PASQUALE, BETTY
Address: 4810 S. DAUPHIN AVE B-11
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: ELLIOT, LEO M III
Address: 4810 S DAUPHIN
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: GONZALEZ, MARGARET
Address: 4810 S DAUPHIN B-25
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: BROWN, NORMAN
Address: 4810 S. DAUPHIN AVE C23
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: MCDERMOTT, PATRICIA
Address: 4810 S. DAUPHIN AVE B15
City-St-Zip: TAMPA, FL 336112956

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

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

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

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: ELIZABETH DIPASQUALE

PRES

01/05/2008

Electronic Signature of Signing Officer or Director

Date