

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

03-18-2008 90021 028 ****61.25

DOCUMENT # 763459					
1. Entity Name TEN DOWNING STREET CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2311 14TH AVE W #105 - 34221 PALMETTO MANATEE, FL 34221 US			Mailing Address 4301-32ND ST A-20 BRADENTON, FL 34205 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2702597	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C & S CONDO MGMT SERV, INC. 4301-32ND ST A-20 BRADENTON, FL 34205			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			Zip Code		
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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-elected.)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE PD	NAME SMOAK, PHILIP	☐ Delete			
STREET ADDRESS 2311 14TH AVE. W #201	CITY-ST-ZIP PALMETTO, FL 34221				
TITLE D	NAME KASTEL, BARRY	☐ Delete			
STREET ADDRESS 2311 14TH AVE W #402	CITY-ST-ZIP PALMETTO, FL 34221				
TITLE T	NAME WARNE, BOB	☒ Delete			
STREET ADDRESS 2311 14TH AVE W #204	CITY-ST-ZIP PALMETTO, FL 34221				
TITLE D	NAME SMITH, NELSON	☐ Delete			
STREET ADDRESS 2311-14TH AVE, W	CITY-ST-ZIP PALMETTO, FL 34221				
TITLE _____	NAME _____	☐ Delete			
STREET ADDRESS _____	CITY-ST-ZIP _____				
TITLE _____	NAME _____	☐ Delete			
STREET ADDRESS _____	CITY-ST-ZIP _____				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE _____	NAME _____	☐ Change ☐ Addition			
STREET ADDRESS _____	CITY-ST-ZIP _____				
TITLE _____	NAME _____	☐ Change ☐ Addition			
STREET ADDRESS _____	CITY-ST-ZIP _____				
TITLE Treasurer	NAME Izzy Amaro	☐ Change ☒ Addition			
STREET ADDRESS 2602 Waterford Way #B	CITY-ST-ZIP Palmetto, FL 34221				
TITLE Secretary	NAME _____	☒ Change ☐ Addition			
STREET ADDRESS _____	CITY-ST-ZIP _____				
TITLE _____	NAME _____	☐ Change ☐ Addition			
STREET ADDRESS _____	CITY-ST-ZIP _____				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an address, with all other like empowered.					
SIGNATURE: _____ (Signature and typed or printed name of signing officer or director)					
Date _____ Daytime Phone # _____					

66007193



01262008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State
Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-elected.)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	SMOAK, PHILIP	
STREET ADDRESS	2311 14TH AVE. W #201	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	D	☐ Delete
NAME	KASTEL, BARRY	
STREET ADDRESS	2311 14TH AVE W #402	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	T	☒ Delete
NAME	WARNE, BOB	
STREET ADDRESS	2311 14TH AVE W #204	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	D	☐ Delete
NAME	SMITH, NELSON	
STREET ADDRESS	2311-14TH AVE, W	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	_____	☐ Change ☐ Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	☐ Change ☐ Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	Treasurer	☐ Change ☒ Addition
NAME	Izzy Amaro	
STREET ADDRESS	2602 Waterford Way #B	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	Secretary	☒ Change ☐ Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	☐ Change ☐ Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	☐ Change ☐ Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #