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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90066 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 765266					
1. Corporation Name 215 VERNE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 215 VERNE ST SUITE A TAMPA FL 33606-2332			Mailing Address P.O. BOX 709 TAMPA FL 33601		

559847-90055-14



2. Principal Place of Business 21 N/A Suite, Apt. #, etc. N/A City & State N/A Zip Country		2a. Mailing Address 26 N/A Suite, Apt. #, etc. N/A City & State N/A Zip Country		3. Date Incorporated or Qualified 10/04/1982	
21		26		4. FEI Number 59-2148227	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent WILSON, RICHARD H 215 VERNE ST SUITE A TAMPA FL 33602				10. Name and Address of New Registered Agent	
				81 Name N/A	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *N/A* **DATE**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD ☐ DELETE				1.1 TITLE ☐ Change ☐ Addition			
NAME WILSON, RICHARD H.				1.2 NAME			
STREET ADDRESS 215 VERNE STREET				1.3 STREET ADDRESS			
CITY-ST-ZIP TAMPA, FL 00000				1.4 CITY-ST-ZIP			
TITLE D ☒ DELETE				2.1 TITLE ☐ Change ☐ Addition			
NAME CRISWELL, GWEN				2.2 NAME			
STREET ADDRESS 215 VERNE STREET				2.3 STREET ADDRESS			
CITY-ST-ZIP TAMPA FL				2.4 CITY-ST-ZIP			
TITLE D ☐ DELETE				3.1 TITLE ☐ Change ☐ Addition			
NAME WILSON, SHIRLEY G.				3.2 NAME			
STREET ADDRESS 525 CHARLES PLACE				3.3 STREET ADDRESS			
CITY-ST-ZIP BRANDON FL				3.4 CITY-ST-ZIP			
TITLE ☐ DELETE				4.1 TITLE ☐ Change ☒ Addition			
NAME				4.2 NAME D RONALD HAYNES			
STREET ADDRESS				4.3 STREET ADDRESS 215 VERNE STREET			
CITY-ST-ZIP				4.4 CITY-ST-ZIP Tampa, FL 33606			
TITLE ☐ DELETE				5.1 TITLE ☐ Change ☐ Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE ☐ DELETE				6.1 TITLE ☐ Change ☐ Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/25/99 (813) 2532555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)