

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 765266 1. Entity Name 215 VERNE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 215 VERNE ST SUITE A TAMPA, FL 33606-2332	Mailing Address P.O. BOX 709 TAMPA, FL 33601
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2148227	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILSON, RICHARD H 215 VERNE ST SUITE A TAMPA, FL 33602
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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 reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILSON, RICHARD H. 215 VERNE STREET TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAYNES, RONALD 215 VERNE STREET TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILSON, SHIRLEY G. 525 CHARLES PLACE BRANDON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000174325 01/10/05-80005-003 61.25 DO NOT WRITE IN THIS SPACE

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 an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/4/05 Date	813/253-2555 Daytime Phone #
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