

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90008 023 ****61.25

DOCUMENT # 766581 1. Entity Name 9TH STREET VILLAS CONDO ASSOCIATION, INC.					
Principal Place of Business 553 S. DUNCAN AVENUE CLEARWATER, FL 33756				Mailing Address 553 S. DUNCAN AVENUE CLEARWATER, FL 33756	
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	03152007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2704334				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JULIA GALPIN REALTY, INC. 553 S. DUNCAN AVENUE CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: <u>Julia E Galpin</u> DATE: <u>3/17/07</u> (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSALEE, JOSE 10206 BONNIE BAY CT TAMPA, FL 33615 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JONES, MARY 908 OTTO VILLA PLACE #4 TAMPA, FL 33612-3563 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMMOND, LEON 9016 QUAIL CREEK DR TAMPA, FL 33647 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ROSALES, JOSE 10206 BONNIE BAY CT. TAMPA, FL 33615-2542 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D DOWNEY, GREG 919 OTTO VILLA PLACE TAMPA, FL 33612 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BURGOS, MIGUEL 903 OTTO VILLA PLACE #15 TAMPA, FL 33612-3564 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D GOSSELIN, CHRIS 916 OTTO VILLA PLACE #8 TAMPA, FL 33612-3563 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNEY, GREG 919 OTTO VILLA PLACE #17 TAMPA, FL 33612-3564 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: <u>Blaine Jones</u> DATE: <u>3/17/07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					