


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90012 025 ****61.25

DOCUMENT # 768694 1. Entity Name BRIGANTINE CONDOMINIUM ASSOCIATION OF TAMPA, INC.			
Principal Place of Business 101 E KENNEDY BLVD STE 1250 TAMPA, FL 33602		Mailing Address 101 E KENNEDY BLVD STE 1250 TAMPA, FL 33602	
2. Principal Place of Business - No P.O. Box # 5444 Park Blvd #101 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 47068 Suite, Apt. #, etc.	
City & State Pineellas Park, FL Zip 33781		City & State St. Petersburg, FL Zip 33743-7068	
Country US		Country US	
4. FEI Number 59-2393940		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ENNIS, HENRY G., JR. 101 E KENNEDY BLVD TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Ronald D. Walton Street Address (P.O. Box Number is Not Acceptable) 5444 Park Blvd #101 City Pineellas Park FL Zip Code 33781	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 LINDSEY, BETTY 5210 INTERBAY BLVD, # 2 TAMPA, FL 33611	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGSON, GLENDA 5210 INTERBAY BLVD # 8 TAMPA, FL 33611	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DIBELLA, FRED 5210 INTERBAY BLVD, # 6 TAMPA, FL 33611	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARP, WILLIAM 5210 INTERBAY BLVD #9 TAMPA, FL 33611	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REILING, FRED 5210 INTERBAY BLVD #3 TAMPA, FL 33611	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	

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05082007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2393940

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

7. Name and Address of New Registered Agent

Name **Ronald D. Walton**
 Street Address (P.O. Box Number is Not Acceptable)
5444 Park Blvd #101
 City **Pineellas Park** **FL** Zip Code **33781**

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE _____

Filing Fee is \$61.25 Due by September 14, 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	D LINDSEY, BETTY 5210 INTERBAY BLVD, # 2 TAMPA, FL 33611	TITLE	Change Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D HODGSON, GLENDA 5210 INTERBAY BLVD # 8 TAMPA, FL 33611	TITLE	Change Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DV DIBELLA, FRED 5210 INTERBAY BLVD, # 6 TAMPA, FL 33611	TITLE	Change Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-07 813-286-4199