

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90042 010 ****61.25

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02262008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3700242 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CONDOMINIUM ASSOCIATES
777 S HARBOUR ISLAND BLVD
SUITE 270
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name Condominium Associates
Street Address (P.O. Box Number is Not Acceptable)
24646 State Road 54, Suite 102
City Lutz FL Zip Code 33559

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 Kathy Bramhall, Kathy Bramhall, cmca AMS
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/27/08
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	VP	<input type="checkbox"/> Delete
NAME	CHEZ, BONNIE	
STREET ADDRESS	3203 BAYSHORE BLVD., #402	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PERRON, VINCE	
STREET ADDRESS	3203 BAYSHORE BLVD., #801	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BROWN, DIANE	
STREET ADDRESS	3203 BAYSHORE BLVD., #1201	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	P	<input type="checkbox"/> Delete
NAME	LUNDY, MARK	
STREET ADDRESS	3203 BAYSHORE BLVD #1802	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GIUNTA, GLORIA	
STREET ADDRESS	3203 BAYSHORE BLVD # 1102	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEFFERTS, PETER	
STREET ADDRESS	3203 BAYSHORE BLVD., #1701	
CITY-ST-ZIP	TAMPA, FL 33629	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Mark H. Lundy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/08 813-341-0943
Date Daytime Phone #