2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name N00000007033

2. O. CONDO ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 PM 4:02

Principal Place of Business
~~513A FIRST ST~~
~~INDIAN ROCKS BEACH FL 33785~~

Mailing Address
7110 Halifax Ct
TAMPA, FL 33615

2. Principal Place of Business
7110 Halifax Ct
Suite, Apt. #, etc.
TAMPA, FL
City & State
Zip 33615 Country Hillsborough

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2244144 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Timothy R. PENNINGTON
7110 Halifax Ct
TAMPA, FL 33615

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.

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

FILE NOW! CALL (850) 245-6051

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/D ROBERT SYNOSKI 5095 SHORE ACRES BLVD N.E. ST. PETERSBURG, FL 33703-4221 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 1000034559913 -11/07/00--01115--014 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/TREASURER/D Timothy R. PENNINGTON 7110 HALIFAX CT TAMPA, FL 33615 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RECORDER/D Judy Christopher 7912 HEATHER CT TAMPA, FL 33634 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Timothy R. PENNINGTON 727 458 5681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #