# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Aug 31, 2001 8:00 am**
**Secretary of State**
08-13-2001 90004 035 ****61.25

DOCUMENT # N00000007033

1. Entity Name

R. O. CONDO ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7110 HALIFAX CT<br>TAMPA FL 33615 | 7110 HALIFAX CT<br>TAMPA FL 33615 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| PENNINGTON, TIMOTHY R<br>7110 HALIFAX CT<br>TAMPA FL 33615 | Name SAME<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

Ck# 3379 8/31/01 + 61.25

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 Timothy R Pennington / Timothy R Pennington SEC/TR 8 Aug 01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**After September 12, 2001, min. will be $236.25**

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 | PD<br>SYNSKI, ROBERT<br>5095 SHORE ACRES BLVD.<br>ST PETERSBURG FL 33703-4221 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>PENNINGTON, TIMOTHY R<br>7110 HALIFAX CT<br>TAMPA FL 33615 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~RD~~<br>CHRISTOPHER, JUDY<br>7912 HEATHER CT<br>TAMPA FL 33634 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | RD<br>Rodriguez, Abdon<br>13917 S. Village Dr<br>Tampa, FL 33674 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | RD<br>Rodriguez, Abdon<br>13917 S. Village Dr<br>Tampa, FL 33674<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (5/01)

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 Timothy R Pennington 8 Aug 01 813-884-1266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #