NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90075 034 ****61.25

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DOCUMENT # N00000007033

1. Entity Name
R. O. CONDO ASSOCIATION, INC.

94028767

Principal Place of Business	Mailing Address
7110 HALIFAX CT TAMPA FL 33615	7110 HALIFAX CT TAMPA FL 33615

☐ CHECK HERE IF MAKING CHANGES

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 7110 HALIFAX CT TAMPA FL 33615	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 Timothy R Pennington Timothy R PENNINGTON SEC/TR 10 MARCH 04
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE: FILE NOW: FEE IS $61.25

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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PENNINGTON, TIMOTHY R 7110 HALIFAX CT TAMPA FL 33615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHRISTOPHER, JUDY 7912 HEATHER CT TAMPA FL 33634	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RD RODRIGUEZ, ABDON 13917 S VILLAGE DR TAMPA FL 33674	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change

CR2E037 (10/02)

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 11 above, if applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE [illegible] DATE