## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2005 8:00 am Secretary of State

DOCUMENT # N0000007033  1. Entity Name R. O. CONDO ASSOCIATION, INC.					2	94-14-2005 9	90100 010	) ****61.2	25	
7110 HALIFAX CT 7110		Mailing Address 7110 HALIFAX CT TAMPA, FL 33615	O HALIFAX CT			111 <b>8 8</b> 111 <b>8 8</b> 114 <b>8 8</b> 174 <b>8</b> 1	IIII <b>er</b> ea birii (be	KII <b>Geleg</b> (Al <b>eu</b> Li)	WOL OL 100)	
2. Principal Place of Business 3. M.		3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04012005	Chg-NP	CR2E03	7 (10/03)		
City & State		City & State		4. FEI Number 59-22441	144		<del></del>	plied For t Applicable		
Zip	Country	Zip	Country		5. Certificate of	5. Certificate of Status Desired —  \$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered A	gent		
DENINING.	TON, TIMOTHY R			Name		<del>-</del>				
7110 HALI TAMPA, F		Street Address		s (P.O. Box Number	is Not Acceptab	le)				
				City			FL	Zip Code	e	
8. The above the obligat	named entity submits this statement fitions of registered agent.	or the purpose of changing	its registere	ed office or regis	stered agent, or both,	in the State of F	lorida. I am f	amiliar with,	and accept	
SIGNATURE					·					
	Signature, typed or printed name of registered agen	t and title if applicable. (N	OTE: Registered	d Agent signature requ	ired when reinstating)	_	DATE			
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election C		Inancing	\$5.00 May Be Added to Fees	Flo	Make check orida Depart	payable to	o , ate	
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND D	9. Election C Trust Fund	ampaign Fi	Inancing on.	\$5.00 May Be Added to Fees	IGES TO OFFIC	Make check Irida Depart	lment of St	ate	
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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 empowerse 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 Apr 05

813-806-9455

Daytime Phone #