2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State
04-14-2005 90100 010 ****61.25

DOCUMENT # N00000007033

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

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

04012005 Chg-NP CR2E037 (10/03)

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

Filing Fee is $61.25
Due by May 1, 2005

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 IN 10		
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	P PENNINGTON, Timothy R 7110 HALIFAX CT TAMPA, FL 33615	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHRISTOPHER, JUDY 7912 HEATHER CT TAMPA, FL 33634	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Christopher, Judy 7912 HEATHER CT TAMPA, FL 33634	☒ Change ☐ Addition
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	T BOB PERRY 15 TWIST HILL RD Dunbarton, N.H. 03045	☒ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 14 APR '05 813-806-9455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #