

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2006 8:00 am
Secretary of State

06-13-2006 90001 028 ****61.25

DOCUMENT # N00000007033

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



Principal Place of Business
**7110 HALIFAX CT
TAMPA, FL 33615**

Mailing Address
**7110 HALIFAX CT
TAMPA, FL 33615**

50021373



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05242006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
59-2244144

Applied For
Not Applicable

Zip

Country

Zip

Country

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 September 6, 2006**

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 ☐ Delete
NAME **P**
STREET ADDRESS **PENNINGTON, TIMOTHY P**
CITY-ST-ZIP **7110 HALIFAX CT
TAMPA, FL 33615**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S/T**
STREET ADDRESS **CHRISTOPHER, JUDY S/T**
CITY-ST-ZIP **7912 HEATHER CT
TAMPA, FL 33634**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **UPTON, DENNY VP**
CITY-ST-ZIP **14505 BRANBIE CT
TAMPA, FL 33624**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

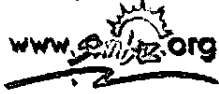
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/06
Date

813-8069499
Daytime Phone #



50021373
Division of Corporations

Annual Report

Annual Report Help

Document Number

N00000007033

Business Entity Name

R. O. CONDO ASSOCIATION, INC.

FEI Number 592244144
FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable
Certificate of Status Desired ☐ Yes ☒ No \$8.75 each
Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 7110 HALIFAX CT
Suite, Apt. #, etc.
City, State TAMPA, FL
Zip Code & Country 33615

Mailing Address

Address 7110 HALIFAX CT
Suite, Apt. #, etc.
City, State TAMPA, FL
Zip Code & Country 33615

Name and Address of Registered Agent

Name (Last, First, Middle, Title) PENNINGTON, TIMOTHY, R,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 7110 HALIFAX CT

Suite, Apt. #, etc.

City, State TAMPA, FL

Zip Code & Country 33615 US

END

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT

\$ 61.25

50021329

H. N. 00000000 0033

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title P
Name (Last, First, Middle, Title) PENNINGTON, TIMOTHY, P

- OR -

Entity Name to serve as
Officer/Director

Street Address 7110 HALIFAX CT
City, State TAMPA, FL
Zip Code & Country 33615

Title S/T
Name (Last, First, Middle, Title) CHRISTOPHER, JUDY, S/T

- OR -

Entity Name to serve as
Officer/Director

Street Address 7912 HEATHER CT
City, State TAMPA, FL
Zip Code & Country 33634

Title VP
Name (Last, First, Middle, Title) UPTON, DENNY, VP

- OR -

Entity Name to serve as
Officer/Director

Street Address 14505 BRANBIE CT
City, State TAMPA, FL
Zip Code & Country 33624

Title