

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2007 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent PENNINGTON, TIMOTHY R 7110 HALIFAX CT TAMPA, FL 33615		DO NOT WRITE IN THIS SPACE
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 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENNINGTON, TIMOTHY R 7110 HALIFAX CT TAMPA, FL 33615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T CHRISTOPHER, JUDY S/T 7912 HEATHER CT TAMPA, FL 33634	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UPTON, DENNY VP 14505 BRANBIE CT TAMPA, FL 33624	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 (P) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5 Jul '07 Date 61.25 Daytime Phone #



07052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2244144	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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07/12/07-80004-004 61.25

**DO NOT WRITE
IN THIS SPACE**