


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 08:00 AM
Secretary of State

DOCUMENT # NO1000007921
 1. Entity Name
 ALBANY VILLAS ASSOCIATION, INC.



Principal Place of Business 410 S. ALBANY AVENUE UNIT 5 TAMPA, FL 33606	Mailing Address 410 S. ALBANY AVENUE UNIT 5 TAMPA, FL 33606
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05012004 No Chg-NP CR2E037 (10/03)

4. FEI Number 04-3643697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SIMON, DARA M
 410 S. ALBANY AVENUE
 UNIT 1
 TAMPA, FL 33606

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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 8, 2004


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	DP D'ANNA, MARK 410 S. ALBANY AVENUE, UNIT 3 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HEIN, TAMARA 410 S. ALBANY AVENUE, UNIT 2 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SIMON, DARA 410 S ALBANY AVENUE, UNIT 1 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CHANDLER, THOMAS 410 S ALBANY AVENUE, UNIT 4 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 07/28/04-80005-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 115.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/23/04 Daytime Phone #: 813-251-5991