## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # N01000007921 1. Entity Name

ALBANY VILLAS ASSOCIATION, INC.

Principal Place of Business 410 S. ALBANY AVENUE

UNIT 5

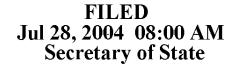
TAMPA, FL 33606

Mailing Address

410 S. ALBANY AVENUE

UNIT 5

TAMPA, FL 33606





05012004 No Chg-NP

CR2E037 (10/03)

١.	FEI Number	
	04-3643697	
		_

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

	Address		

SIMON, DARA M 410 S. ALBANY AVENUE UNIT 1 TAMPA, FL 33606

## 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 famillar with, and accept the obligations of registered agent.								
SIGNATURE								
Filing Fee is \$61.25  Bue by September 8, 2004  9. Election Campaign Fine Trust Fund Contribution			,	\$5.00 May Be Added to Fees	34			
10.	OFFICERS AND DIREC	TORS	प्राच्चा र सम्बद्ध					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP D'ANNA, MARK 410 S. ALBANY AVENUE, UNIT 3 TAMPA, FL 33606				U00000168651 07/28/04-80005-010 61.25			
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			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHANDLER, THOMAS 410 S ALBANY AVENUE, UNIT 4 TAMPA, FL 33606			- IN	THIS SPACE			
TITLE NAME STREET AODRESS CITY-ST-ZIP		,	r i - <del>pioli</del> gad		<del> </del>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. Thereby o	renity that the information supplied with this fill	ing does not duality for the executor	ion State	d in Section 119.07(3)	Th. Florida Statutes. I further certify that the information			

2. Thereby centry that me information supplied with this image does not admit your tied extention states in Section 113.07(5)(f), Profice statutes. This image are indicated as this teport as uppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an office 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: Fore

SOMATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 33 OH 813-351-5991