


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000003264**

1. Entity Name  
**DEKLE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 1916 W. DEKLE AVE UNIT A TAMPA, FL 33606	Mailing Address 1916 W. DEKLE AVE UNIT A TAMPA, FL 33606
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01252004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-4213511	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SANDS, TONYA  
1916 W. DEKLE AVE  
UNIT A  
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 familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 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	PD SANDS, TONYA 1916 W. DEKLE AVE, UNIT A TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANTO, VANESSA 1916 W. DEKLE AVE, UNIT D TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WASHBURN, NANCY 1916 W. DEKLE AVE, UNIT C TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMOAK, WILLIAM 1916 W. DEKLE AVE, UNIT B TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000021182  
01/29/04-80097-015 61.25

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:** \_\_\_\_\_ *Sandy Sands* \_\_\_\_\_ **1/25/2004** **813878 4041**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #