2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90049 003 ****61.25

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1. Entity Name
DEKLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1916 W. DEKLE AVE UNIT A TAMPA, FL 33606	1916 W. DEKLE AVE UNIT A TAMPA, FL 33606

600171 74

01142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4213511 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANDS, TONYA
1916 W. DEKLE AVE
UNIT A
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 May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANDS, TONYA
STREET ADDRESS	1916 W. DEKLE AVE, UNIT A
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	VPD
NAME	SANTO, VANESSA
STREET ADDRESS	1916 W. DEKLE AVE, UNIT D
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	SD
NAME	WASHBURN, ~~NANCY~~ MARTIN
STREET ADDRESS	1916 W. DEKLE AVE, UNIT C
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	T
NAME	BAILEY, CHRISTOPHER
STREET ADDRESS	1916 W. DEKLE AVE UNIT B
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: TONYA SANDS 2-4-2006 813 878 4041

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