2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000003264

1. Entity Name DEKLE CONDOMINIUM ASSOCIATION, INC.



FILED Feb 07, 2007 8:00 am Secretary of State

02-07-2007 90033 024 ****61.25

			VIE.							
Principal Place of Business 1916 W. DEKLE AVE UNIT A TAMPA, FL 33606		Mailing Address 1916 W. DEKLE AVE UNIT A TAMPA, FL 33606			1 (188 7)(8) 8)	· 1811 1821 1821 1821 1821 1821 1821 1821 1822 1822 1822 1822 1822 1822 1822 182	1011 BEST 68128 1	INO CIETO SILITO ET	NERI AL IREK	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02042007	Chg-NP	CR2E03	37 (12/06)		
City & State		City & State			4. FEI Number 13-4213				plied For	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		\$8.75 Add Fee Require	litional	
****	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered /	Agent		
CANDO TONVA			Name	Name						
SANDS, TONYA 1916 W. DEKLE AVE UNIT A			Street A	ddress (F	P.O. Box Numbe	r is Not Acceptab	ole)			
TAMPA, FL 33606										
			City				FL	Zip Cod	θ	
	named entity submits this statement to lons of registered agent.	r the purpose of changing its re	gistered office or	register	ed agent, or both	n, in the State of F	lorida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title il applicable. {NOTE: R	legistered Agent signat	ure required	when reinstating)		DATE			
Filing Fee is \$61.25 9. Election Carr Due by May 1, 2007 Trust Fund C			eion Finencina		AE 00 '-	3. 4. 5	Maka chac			
		Trust Fund Cor		.	\$5.00 May Be Added to Fees			k payable to tment of Si		
10.		Trust Fund Cor		<u>.</u>	Added to Fees		orida Depar	tment of Si	late	
10.	Due by May 1, 2007	Trust Fund Cor	ntribution.	<u>.</u>	Added to Fees	Flo	orida Depar	tment of Si	late	
TITLE NAME	OFFICERS AND DIE PD SANDS, TONYA	Trust Fund Cor RECTORS	11. TILE NAME	<u>.</u>	Added to Fees	Flo	orida Depar	RECTORS IN	late	
TITLE NAME STREET ADDRESS	OFFICERS AND DIE PD SANDS, TONYA 1916 W. DEKLE AVE, UNIT A	Trust Fund Cor RECTORS	TITLE NAME STREET ADDRESS	<u>.</u>	Added to Fees	Flo	orida Depar	RECTORS IN	late	
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12. I hereby certify that the information supplied with this filling close 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 segregation 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 or an altachment with an address, with all other like empowered.

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