


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90040 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

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State Zip Country City & State Zip Country



01032008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SANDS, TONYA	
STREET ADDRESS	1916 W. DEKLE AVE, UNIT A	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SANTO, VANESSA	
STREET ADDRESS	1916 W. DEKLE AVE, UNIT D	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WASHBURN, MARTIN	
STREET ADDRESS	1916 W. DEKLE AVE UNIT C	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAILEY, CHRISTOPHER	
STREET ADDRESS	1916 W. DEKLE AVE UNIT B	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ben Holmes	
STREET ADDRESS	1916 W. Dekle Ave, Unit D	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 _____