

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 15, 2009
Secretary of State**

DOCUMENT# N02000003264

Entity Name: DEKLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1916 W. DEKLE AVE
UNIT A
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

1916 W. DEKLE AVE
UNIT A
TAMPA, FL 33606

New Mailing Address:

FEI Number: 13-4213511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDS, TONYA
1916 W. DEKLE AVE
UNIT A
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANDS, TONYA
Address: 1916 W. DEKLE AVE, UNIT A
City-St-Zip: TAMPA, FL 33606

Title: VPD () Delete
Name: HOLMES, BEN
Address: 1916 W DEKLE AVE UNIT D
City-St-Zip: TAMPA, FL 33606

Title: SD () Delete
Name: WASHBURN, MARTIN
Address: 1916 W. DEKLE AVE UNIT C
City-St-Zip: TAMPA, FL 33606

Title: T () Delete
Name: BAILEY, CHRISTOPHER
Address: 1916 W. DEKLE AVE UNIT B
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: VELTEN, NICOLE R
Address: 1916 W. DEKLE AVE UNIT B
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONYA SANDS

PD

02/15/2009

Electronic Signature of Signing Officer or Director

Date