

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Feb 12, 2003 8:00 am
Secretary of State

1/1

01-15-2003 90172 010 ****61.25

DOCUMENT # N02000003264

1. Entity Name
DEKLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**809 SOUTH ALBANY AVENUE
TAMPA FL 33606**

Mailing Address
**809 SOUTH ALBANY AVENUE
TAMPA FL 33606**

55006070

2. Principal Place of Business
1916 W. Dekle Avenue
Suite, Apt. #, etc.

3. Mailing Address
1916 W. Dekle Avenue
Suite, Apt. #, etc.
Unit A



CHECK HERE IF MAKING CHANGES

City & State
Tampa Florida

City & State
Tampa Florida

Zip
33606 Country
us

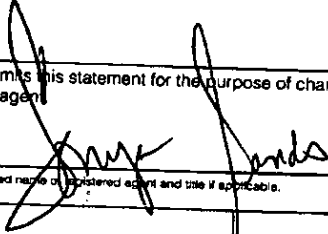
Zip
33606 Country
us

4. FEI Number Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**HAYWARD, W.A.
809 SOUTH ALBANY AVENUE
TAMPA FL 33606**

7. Name and Address of New Registered Agent
Name **TONYA SANDS**
Street Address (P.O. Box Number is Not Acceptable)
1916 W. Dekle Avenue
Unit A
City **Tampa** FL Zip Code **33606**

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 **January 12, 2003**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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 P	NAME WOODS, JASON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 809 SOUTH ALBANY AVENUE	CITY-ST-ZIP TAMPA FL 33606	
TITLE V	NAME HAYWARD, W.A.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 809 SOUTH ALBANY AVENUE	CITY-ST-ZIP TAMPA FL 33606	
TITLE ST	NAME HAYWARD, SUSAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 809 SOUTH ALBANY AVENUE	CITY-ST-ZIP TAMPA FL 33606	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P - D	NAME TONYA SANDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1916 W. Dekle Avenue Unit A	CITY-ST-ZIP Tampa, FL 33606	
TITLE VA - D	NAME VANESSA SANTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1916 W. Dekle Avenue Unit D	CITY-ST-ZIP TAMPA, FL 33606	
TITLE S - D	NAME Nancy Washburn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1916 W. Dekle Avenue Unit C	CITY-ST-ZIP Tampa, FL 33606	
TITLE T	NAME William Smoak	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1916 W. Dekle Avenue Unit B	CITY-ST-ZIP Tampa, FL 33606	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

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:  DATE **January 12, 2003** 8132599323

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)