## FILED Apr 09, 2007 8:00 am Secretary of State

## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

02-22-2007 90004 029 \*\*\*\*61.25 **DOCUMENT # N02000006397** 1. Entry Name SAN RAFAEL PLACE CONDOMINIUM ASSOCIATION, Sheet Tor 66008558 orrections \* Principal Place of Business Mailing Address 4207 W SAN RAFAEL ST 4207 W SAN RAFAEL ST # E TAMPA, FL 33509 TAMPA, FL 33609 2. Principal Place of Business - No P.O. Box # 1. Mailing Address Suite, Act. 9, etc. State, Act. #, etc. 02192007 Chg-NP 4. FEI Number 56-2366036 City & State City & State Applied For Not Applicable Country Country \$8.75 Additional Fee Regulard 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent 7. Hame and Address of New Registered Age CAPARO, COURTNEY 4207 W SAN RAFAEL ST. # E TAMPA, FL 33629 Street Address (P.O. Box Number is Not Acceptable) 4. The above named artity automits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am fa SIGNATURE . check payable to Department of Stat \$5.00 May be Doe by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS TITLE Chicago Chicago mu FRANCISCO, DEVIN President -4207 W. SAN RAFAEL ST, # H STREET ACCORDED STREET ADDRESS TAMPA, FL 33829 (STY-ST-ZP CIT-51-70 IIILE me Deline DANIE OVERSTREET, SHAREN 4702 W SAN RAFAEL ST &A STREET ACCOPESS STREET ALCOHOUS Member TAMPA FL 33629 CITY-51-29 OTY-51-79 mu प्राप्त N plange | Addition CAFARO, COURTNEY STREET ADDRESS 4207 W SAN RAFAEL ST. #E STREET ACCRECAT (reasurer) 217-ST-29 TAMPA, FL 33829 CTY-51-2P Addition MITCHELL, ROSE MAE STREET ADDRESS 4207 W SAN RAFAEL ST. # G STREET 400/CSS ΔIY-\$1-7⊅ TAMPA, FL 33629 CITY - ST - 20\* mu ☐ Debe mu Change ☐ Addition MULEY, CARIN -4207 W SAN RAFAEL ST. # F STREET ACCORESS STREET ACCORDES CTT- ST-ZP TAMPA, FL 33629 OTY-57-29 MILE O Deleta MINE ☐ Clange ☐ Addition WE KAME STREET ACCORESS STREET ADDRESS CCTY-ST-ZP CTTY-51-20 plied with this filling does not qualify for the exemptions constrined in Chapter 119, Florida Statutes. I further certify that the information in point is true and accurate and that my eighture shall have the same legal effect as if made under outly that I am an officer or director is true and accurate and that my eight effect is a fine of the properties of the control of the properties of the prop 2-18-07

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changed, or on an attachment with an address

SIGNATURE:

\* corrections made on this paper \* DOCUMENT/# N02000006397 1. Entity Name SAN RAFAEL PLACE CONDOMINIUM ASSOCIATION, INC. ATTACHMENT Principal Place of Business Mailing Address 4207 W SAN RAFAEL ST 4207 W SAN RAFAEL ST 106008558 TAMPA, FL 33609 TAMPA, FL 33609 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042007 Chg-NP CR2E037 (12/06) 4. FEI Number 56-2366036 Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAFARO, COURTNEY Street Address (P.O. Box Number is Not Acceptable) 4207 W SAN RAFAEL ST, # E TAMPA, FL 33629 City Zip Code FI 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE Change Addition FRANCISCO, DEVIN NAME NAME 4207 W. SAN RAFAEL ST, # H STREET ADDRESS STREET ADDRESS CtTY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33629 VΡ TITLE ☐ Change ☐ Addition TITLE Delete OVERSTREET, SHAREN NAME NAME STREET ADDRESS 4702 W SAN RAFAEL ST #A STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33629** CITY-ST-ZIP TD ☐ Change ☐ Addition TITLE ☐ Delete TITLE CAFARO, COURTNEY NAME NAME 4207 W SAN RAFAEL ST, #E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33629 CITY-ST-ZIP → Vice president Change ☐ Addition ☐ Delete TITI F TITLE MITCHELL, ROSE NAME NAME 4207 W SAN RAFAEL ST. # G STREET ADDRESS STREET ADDRESS TAMPA, FL 33629 CITY-ST-ZIP CITY-ST-ZIF Delete Addition TITLE ☐ Change TITLE MULEY, CARIN NAME NAME 4207 W SAN RAFAEL ST, #F STREET ADDRESS STREET ADDRESS TAMPA, FL 33629 CITY - ST - ZIP CITY-ST-ZIP ☐ Detete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tampa, 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