

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90052 041 ****61.25

DOCUMENT # N02000006449					
1. Entity Name THE GRANDVIEW OF TAMPA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1208 SO. MYRTLE AVENUE CLEARWATER, FL 33756			Mailing Address 1208 SO. MYRTLE AVENUE CLEARWATER, FL 33756		
2. Principal Place of Business 371 CHANNELSIDE WALK WAY Suite, Apt. #, etc.		3. Mailing Address 777 S. HARBOUR ISLAND BLVD Suite, Apt. #, etc.		24050660 	
City & State TAMPA, FL		City & State TAMPA, FL		01292004 Chg-NP CR2E037 (10/03)	
Zip 33602		Country USA		4. FEI Number 32-0032721	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WARD, R. CARLTON 1253 PARK STREET CLEARWATER, FL			7. Name and Address of New Registered Agent Name: CONDOMINIUM ASSOCIATES Street Address (P.O. Box Number is Not Acceptable): 777 S. HARBOUR ISLAND BLVD, STE 270 City: TAMPA, FL 33602 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: <small>Signature, typed or printed name of registered agent and title if applicable.</small>			PROPERTY MANAGER RICHARD WASILIK, LCAM 04/06/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, ROBERT W 1208 SO. MYRTLE AVENUE CLEARWATER, FL 33756 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STONE, MARTIN 371 CHANNELSIDE WALK WAY, #204 TAMPA, FL 33602 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, BROOKS 1208 SO. MYRTLE AVENUE CLEARWATER, FL 33756 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BYRD, BROOKS 434 KNIGHTS RUN AVENUE TAMPA, FL 33602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESS, KATHLEEN 1208 S MYRTLE AVE CLEARWATER, FL 33756 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MIZNER, JEFF 371 CHANNELSIDE WALK WAY, #402 TAMPA, FL 33602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, title or other like empowered.					
SIGNATURE:			* 4/5/04 * 813-272-6740 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					