

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90189 030 ****61.25

DOCUMENT # N02000006449

1. Entity Name
**THE GRANDVIEW OF TAMPA CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**371 CHANNELSIDE WALK WAY
TAMPA, FL 33602 US**

Mailing Address
**777 S. HARBOUR ISLAND BLVD.
SUITE 270
TAMPA, FL 33602 US**

00000001



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3001 Executive Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 260

03022007

Chg-NP

CR2E037 (12/06)

City & State

City & State

Clearwater FL

4. FEI Number

32-0032721

Applied For

Not Applicable

Zip

Country

Zip

Country

33762

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONDOMINIUM ASSOCIATES
777 S. HARBOUR ISLAND BLVD.
SUITE 270
TAMPA, FL 33602**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
OVERBY, CAROL
371 CHANNELSIDE WALKWAY #604
TAMPA, FL 33602** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D.P.
OVERBY, CAROL
371 CHANNELSIDE WALKWAY #604
TAMPA FLA 33602** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WILSON, GEORGE
371 CHANNELSIDE WALKWAY #504
TAMPA, FL 33602** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D.P.
HODGE, DAVID
371 CHANNELSIDE WALKWAY #602
TAMPA, FL 33602** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP.
HODGE, DAVID
371 CHANNELSIDE WALKWAY #602
TAMPA FLA 33602** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
MIZNER, JEFF
371 CHANNELSIDE WALKWAY #402
TAMPA, FL 33602** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KOUWE, JEAN
371 CHANNELSIDE WALKWAY #801
TAMPA, FL 33602** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ALVAREZ, MANUEL
371 CHANNELSIDE WALKWAY #1104
TAMPA, FL 33602** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-07

Date

Daytime Phone #