

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90066 045 \*\*\*\*61.25

<b>DOCUMENT # N03000001096</b> 1. Entity Name NORTH A TOWNHOMES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 2708 W KENNEDY BLVD TAMPA, FL 33609		Mailing Address 2708 W KENNEDY BLVD TAMPA, FL 33609	
2. Principal Place of Business 1207 N. Franklin St. Suite, Apt. #, etc. Suite 101		3. Mailing Address 1207 N. Franklin St. Suite, Apt. #, etc. Suite 101	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33602		Zip 33602	
Country Hillsborough		Country Hillsborough	
4. FEI Number APPLIED FOR 33-1101265		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  MARTINO, THOMAS ESO 2708 W KENNEDY BLVD TAMPA, FL 33609		7. Name and Address of New Registered Agent  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  Reg. Agent <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MARTINO, THOMAS S 2708 W KENNEDY BLVD TAMPA, FL 33609	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTV VAZQUEZ, HELENA 2708 W KENNEDY BLVD TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAZQUEZ, DAVID 2708 W KENNEDY BLVD TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	<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, with all other like empowered.			
SIGNATURE:  Thomas Martino, President		Date 4-14-05 Daytime Phone # 477-2645	