2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 19, 2007 8:00 am Secretary of State DOCUMENT # N03000007641 1. Entity Namo 04-19-2007 90412 044 ****61.25 ROOSEVELT A CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 11001 DANKA WAY N 11001 DANKA WAY N SAINT PETERSBURG FL 33716 SAINT PETERSBURG FL 33716 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 20-0826801 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUMBARGER, JUDY K Street Address (P.O. Box Number is Not Acceptable) 11001 DANKÁ WAY N SAINT PETERSBURG FL 33716 City Zip Code FL 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 fille if applicable DATE (NOTE: Registered Agent signature required when rejustating FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. HILL SD Delete 1000 ☐ Change ■ Addition NAME BARGER, MICHAEL E NAMI STREET ADDRESS STREET ADDRESS 11001 DANKA WAY N #3 CITY ST-ZIP SAINT PETERSBURG FL 33716 CHY ST ZIP ☐ Delete HHE ☐ Change ☐ Addition HUMBARGER, JUDY K NAME NAMI STRUET ADDRESS STREEL LADDRESS 11001 DANKA WAY N #3 CITY ST- ZIP SAINT PETERSBURG FL 33716 CHY ST ZIP TITLE Delete. HILL Change Addition O'BRIEN, PATRICK 11001-1 DANKA WAY NOCTH ST. PETERSBURG. FL 33716 NAMI O'BRIEN, PATRICK NAME STREET ADDRESS STREET ADDRESS 11001-1 PANKA WAY NORTH CITY ST-ZIP CITY ST ZIP SAINT PETERSBURG FL 33716 ☐ Delete HH ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY SI-7IP CHY ST ZIP DITE ☐ Delete HULF ☐ Change ■ Addition NAM NAMI STREET ADDRESS STREELAODRESS CITY ST-ZIP CHY ST-ZIP TITLE Delete TITLE Change Addition NAME NAMI STREET ADDRESS STREELADDRESS CITY-S1-7IP CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: HICHAGE BALGER, LOSS SEC. 1-30-07 520-7711
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayling Printe 1