
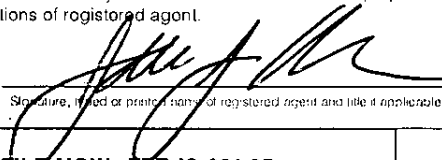


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90412 046 ****61.25

DOCUMENT # N03000007643 1. Entity Name ST. MARY 18-21 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 11001 DANKA WAY NORTH #3 SAINT PETERSBURG FL 33716			Mailing Address 11001 DANKA WAY NORTH #3 SAINT PETERSBURG FL 33716		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0826727	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROWAN, JAMES J 3839 4TH STREET NORTH SUITE 390 ST PETERSBURG FL 33703			7. Name and Address of New Registered Agent Name JAMES J. ROWAN Street Address (P.O. Box Number is Not Acceptable) 780 94TH AVENUE NORTH SUITE # 104 City ST. PETERSBURG FL Zip Code 33702		
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  JAMES J. ROWAN 2/13/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when testifying) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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	PD TYLER, WAT H 202 INDUSTRIAL PARK LANE COLLIERVILLE TN 38017		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY ST ZIP	TD BARGER, MICHAEL E 11001 DANKA WAY NORTH #3 SAINT PETERSBURG FL 33716		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY ST ZIP	D GORDON, JAY W 202 INDUSTRIAL PARK LANE COLLIERVILLE TN 38017		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY ST ZIP	D MANNERINO, ERNEST J 202 INDUSTRIAL PARK LANE COLLIERVILLE TN 38017		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	<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 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:  **MICHAEL E. BARGER, TREAS** **1-30-07** **727-520-7711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #