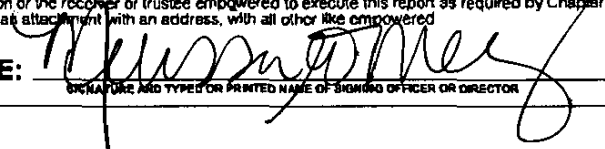


Jun. 8. 2006 11:03AM Condominium Associates

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 23, 2006 8:00 am
Secretary of State

05-01-2006 90359 001 ****61.25

DOCUMENT # N03000008266			
1. Entity Name TOWNHOMES OF DELEON HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 777 S HARBOUR ISLAND BLVD SUITE 270 TAMPA, FL 33602		Mailing Address 777 S HARBOUR ISLAND BLVD SUITE 270 TAMPA, FL 33602	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0930726		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONDOMINIUM ASSOCIATES 777 S HARBOUR ISLAND BLVD SUITE 270 TAMPA, FL 33602		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 _____ 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 September 6, 2006		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	DP RAPPAPORT, JASON T 3111 W DELEM STREET #12 TAMPA, FL 33609 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP ARNOLD, CHRIS 3111 W. DELEON STREET, #4 TAMPA, FL 33609 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV CABBIBO, MICHAEL 3111 W DELEM STREET #1 TAMPA, FL 33609 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV MABRY, MISSIE 3111 W. DELEON STREET, #12 TAMPA, FL 33609 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT PEDICINI, ANTHONY 3111 W DELEM STREET, #8 TAMPA, FL 33609 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS QUERESHI, NASSER 3111 W. DELEON STREET, #5 TAMPA, FL 33609 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS MOOTZ, STEVEN 3111 W DELEM STREET #6 TAMPA, FL 33609 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT 3111 W. DELEON STREET, #6 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ANDERSON, MICHAEL 3111 W. DELEON STREET, #7 TAMPA, FL 33609 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ 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 recorder 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: 		6/8/06 813-385-4843	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	