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

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1. Entity Name
TOWNHOMES OF DELEON HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
777 S HARBOUR ISLAND BLVD SUITE 270 TAMPA, FL 33602	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

08062006 Chg-NP CR2E037 (4/08)

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	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ARNOLDI, 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 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: _____ 6/8/06 813-385-4843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #