

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90033 048 ****61.25

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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 - No P.O. Box #

3111 W DELEON ST #8

Suite, Apt. #, etc.

3. Mailing Address

3111 W DELEON ST #8

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

20-0930726

Applied For

Not Applicable

Zip

33609

Country

USA

Zip

33609

Country

USA

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

ANTHONY PEDICINI

Street Address (P.O. Box Number is Not Acceptable)

3111 W DELEON ST #8

City

TAMPA

FL

Zip Code

33609

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 is required when reinstating.)

DATE

1/28/07

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

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

TITLE DT
NAME MOOTZ, STEVEN ☐ Delete
STREET ADDRESS 3111 W. DELEON STREET, #6
CITY-ST-ZIP TAMPA FL 33609

TITLE DP
NAME ARNOLDI, CHRIS ☐ Delete
STREET ADDRESS 3111 W. DELEON STREET, #4
CITY-ST-ZIP TAMPA FL 33609

TITLE DV ☒ Delete
NAME MABRY, MISSIE
STREET ADDRESS 3111 W. DELEON STREET, #12
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Change ☒ Addition
NAME ANTHONY PEDICINI
STREET ADDRESS 3111 W DELEON ST #8
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Anthony Pedicini