

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 02, 2008**  
**Secretary of State**

DOCUMENT# N03000008266

**Entity Name:** TOWNHOMES OF DELEON HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3111 N DE LEON ST #8  
TAMPA, FL 33609**New Principal Place of Business:**5008 W LINEBAUGH AVE SUITE 15  
TAMPA, FL 33624**Current Mailing Address:**3111 N DE LEON ST #8  
SUITE 270  
TAMPA, FL 33609**New Mailing Address:**5008 W LINEBAUGH AVE  
SUITE 15  
TAMPA, FL 33624**FEI Number:** 20-0930726**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PEDICINI, ANTHONY  
3111 N DE LEON ST #8  
TAMPA, FL 33609 US**Name and Address of New Registered Agent:**AVID PROPERTY MANAGEMENT INC  
5008 W LINEBAUGH AVE  
SUITE 15  
TAMPA, FL 33624 US

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.

SIGNATURE: AVELINO VIDE

09/02/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** DT ( ) Delete  
**Name:** MOOTZ, STEVEN  
**Address:** 3111 W. DELEON STREET, #6  
**City-St-Zip:** TAMPA, FL 33609**Title:** DV ( ) Delete  
**Name:** ARNOLDI, CHRIS  
**Address:** 3111 W. DELEON STREET, #4  
**City-St-Zip:** TAMPA, FL 33609**Title:** DP ( ) Delete  
**Name:** PEDICINI, ANTHONY  
**Address:** 3111 W DE LEON ST #8  
**City-St-Zip:** TAMPA, FL 33609**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AVELINO VIDE

MGR

09/02/2008

Electronic Signature of Signing Officer or Director

Date