

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008801

FILED  
Apr 09, 2010  
Secretary of State

**Entity Name:** SOUTH TOWN RESERVE ASSOCIATION, INC.

**Current Principal Place of Business:**

10549 N. FLORIDA AVENUE  
G  
TAMPA, FL 33612

**New Principal Place of Business:**

9212 LOST MILL DRIVE  
LAND -O- LAKES, FL 34638

**Current Mailing Address:**

10549 N. FLORIDA AVENUE  
G  
TAMPA, FL 33612

**New Mailing Address:**

P.O. BOX 17619  
TAMPA, FL 33682

**FEI Number:** 59-3699767

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONDOMINIUM ALLIANCE MNGT CORP.  
10549 N. FLORIDA AVENUE  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

CONDOMINIUM ALLIANCE MNGT CORP.  
9212 LOST MILL DRIVE  
LAND -O- LAKES, FL 34638 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: TUMBA KANYINDA

04/09/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TINA, ARTALE  
Address: 5801 S. MACDILL AVE #1  
City-St-Zip: TAMPA, FL 33611

Title: V.P.  
Name: GREG, STEALEY  
Address: 5801 S MACDILL AVE #11  
City-St-Zip: TAMPA, FL 33611

Title: T/S  
Name: BOB, BEYER JR  
Address: 5801 S MACDILL AVE #8  
City-St-Zip: TAMPA, FL 33611

I hereby 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 all other like empowered.

SIGNATURE: TUMBA KANYINDA

MGR

04/09/2010

Electronic Signature of Signing Officer or Director

Date