

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03896

FILED
Apr 17, 2007
Secretary of State

Entity Name: MACDILL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5201 S MACDILL AVE
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

3112 BALLAST POINT BLVD
TAMPA, FL 33611 US

New Mailing Address:

PO BOX 13732
TAMPA, FL 336813732 US

FEI Number: 59-2999372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFE, KATHRYN J
3112 BALLAST POINT BLVD
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

WIECZOREK, CATHERINE
4803 HAMLETS GROVE DRIVE
SARASOTA, FL 34235 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: CATHERINE WIECZOREK

04/17/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOLFE, KATHRYN J
Address: 3112 BALLAST POINT BLVD
City-St-Zip: TAMPA, FL 33611

Title: VP () Delete
Name: CANDY, GIBBS
Address: 5201 S MAC DILL AVE #210
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: JOSE, CAYON
Address: 5201 S MAC DILL AVE # 108
City-St-Zip: TAMPA, FL 33611

Title: TD (X) Delete
Name: JOSE, CAYON
Address: 5201 S MAC DILL AVE # 108
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WIECZOREK, CATHERINE
Address: 4803 HAMLETS GROVE DRIVE
City-St-Zip: SARASOTA, FL 34235

Title: VP (X) Change () Addition
Name: GIBBS, CANDY
Address: 5201 S MACDILL AVE #210
City-St-Zip: TAMPA, FL 33611

Title: TRES (X) Change () Addition
Name: JOSE, CAYON
Address: 3319 W PAUL AVE
City-St-Zip: TAMPA, FL 33611

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CATHERINE WIECZOREK

PRES

04/17/2007

Electronic Signature of Signing Officer or Director

Date