2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000001836

1. Entity Name
CABRERA TOWNHOMES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
120 S. ROME AVE TAMPA, FL 33606	120 S. ROME AVE #3 TAMPA, FL 33606

03022007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3699797
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPARKS, BIANCA S
120 S. ROME AVE #3
TAMPA, FL 33606

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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 required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000656159
03/14/07-80015-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FREEL, KEVIN
STREET ADDRESS	120 S. ROME AVE #2
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	SPARKS, BIANCA S
STREET ADDRESS	120 S. ROME AVE #3
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	CAUGH, VALERIE
STREET ADDRESS	120 S. ROME AVE #1
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Bianca Sparks 3/2/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #