



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90020 037 \*\*\*\*61.25

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # N04000004553</b><br>1. Entity Name<br><b>THE RESIDENCES OF FRANKLIN STREET<br/>CONDOMINIUM ASSOCIATION, INC.</b>  |  |  |   |   |  |
| Principal Place of Business<br><b>1106 N. FRANKLIN ST.<br/>TAMPA, FL 33602</b>  |  |  |   | Mailing Address<br><b>1106 N. FRANKLIN ST.<br/>TAMPA, FL 33602</b>                 |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>Country   |  | 3. Mailing Address<br><b>3001 Executive Drive</b><br>Suite, Apt. #, etc.<br><b>Suite 260</b><br>City & State<br><b>Clearwater FL</b><br>Zip<br><b>33762</b><br>Country<br><b>USA</b> |   |  |  |
| 03292007 Chg-NP CR2E037 (12/06)   |  |  |   | 4. FEI Number<br><b>20-2843546</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>NUCCIO, VINCENT L JR.<br/>101 E. KENNEDY BLVD., SUITE 3140<br/>TAMPA, FL 33602</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name<br><b>Condominium Associates</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3001 Executive Drive</b><br>Suite 260<br>City<br><b>Clearwater FL</b> Zip Code<br><b>33762</b> |  |  |
| 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.<br>SIGNATURE <u><i>Karl P. Parnell, PRES</i></u> DATE <u><i>4/5/07</i></u><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>  |  |  |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   | <b>Make check payable to<br/>Florida Department of State</b>                       |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>PRIDA, LUCIANO L JR.<br>1106 N. FRANKLIN ST.<br>TAMPA, FL 33602 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>PRIDA, ANDRES<br>1106 N. FRANKLIN ST.<br>TAMPA, FL 33602        | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>CABALLERO, JOSEPH<br>1100 NORTH FRANKLIN<br>TAMPA, FL 33602     | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| 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: <u><i>[Signature]</i></u> DATE <u><i>4/3/07</i></u> DAYTIME PHONE # <u><i>813 209 4300</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  |   |  |  |