
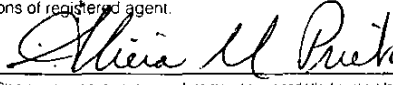
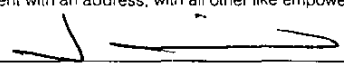


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 23, 2008 8:00 am**  
**Secretary of State**

06-23-2008 90001 023 \*\*\*\*61.25

<b>DOCUMENT # N04000004553</b> 1. Entity Name <b>THE RESIDENCES OF FRANKLIN STREET CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 1106 N. FRANKLIN ST. TAMPA, FL 33602			Mailing Address 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-2843546</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762			Name <b>SouthEast Realty + Mgmt Services, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O ALICE PRIETO</b> <b>8602 LEIGHTON DRIVE</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33614</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.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>			6/12/08 <small>DATE</small>		
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRIDA, LUCIANO L JR.		NAME		
STREET ADDRESS	1106 N. FRANKLIN ST.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PRIDA, ANDRES		NAME	<b>PID BAIN WEBSTER</b>	
STREET ADDRESS	1106 N. FRANKLIN ST.		STREET ADDRESS	<b>1108 N FRANKLIN ST., UNIT 30</b>	
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP	<b>TAMPA, FL 33602</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CABALLERO, JOSEPH		NAME	<b>TID JOSEPH VILLARREAL</b>	
STREET ADDRESS	1100 NORTH FRANKLIN		STREET ADDRESS	<b>1108 N. FRANKLIN ST., UNIT 701</b>	
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP	<b>TAMPA, FL 33602</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>SID SCOTT BECKER</b>	
STREET ADDRESS			STREET ADDRESS	<b>1108 N. FRANKLIN ST., UNIT 306</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>TAMPA FL 33602</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>D Chad Miker</b>	
STREET ADDRESS			STREET ADDRESS	<b>1108 N FRANKLIN ST., UNIT</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>TAMPA, FL 33602</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			6/17/08 <small>Date</small>		
			<small>Daytime Phone #</small>		