


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90001 038 \*\*\*\*61.25

**DOCUMENT # N04000004828**

1. Entity Name  
**HORATIO TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**808 SOUTH OREGON AVE  
 TAMPA, FL 33606**

Mailing Address  
**PO BOX 10217  
 TAMPA, FL 33679**


2. Principal Place of Business - No P.O. Box #  
**4809 E Busch**

3. Mailing Address  
**4809 E Busch**

Suite, Apt. #, etc.  
**Ste # 204**

City & State  
**Tampa FL**

Zip  
**33617**



01152008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-3217969**

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

**6. Name and Address of Current Registered Agent**

**NEFF, RANDY  
 808 SOUTH OREGON AVE  
 TAMPA, FL 33606**

**7. Name and Address of New Registered Agent**

Name  
**Jessica J. Toledo**

Street Address (P.O. Box Number is Not Acceptable)  
**4809 E BUSCH Blvd**

Suite #  
**Suite # 204**

City  
**Tampa**

FL Zip Code  
**33617**

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 Jessica Toledo DATE 2-8-08

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, 2008**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROHN, MICHAEL PO BOX 10217 TAMPA, FL 33679	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANGAN, PATRICK J PO BOX 10217 TAMPA, FL 33679	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, CARR PO BOX 10217 TAMPA, FL 33679	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROHN, MICHAEL 4809 E BUSCH Blvd. #204 Tampa FL 33617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, PAUL 4809 E. Busch Blvd #204 Tampa FL 33617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSH, Adrian 4809 E. Busch Blvd #204 Tampa FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: [Signature] DATE: 2/13/08 DAYTIME PHONE: 813-508-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

40025487

~~#104000004828~~

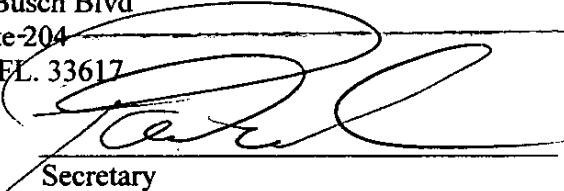
## ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT AND DESIGNATION OF REGISTERED OFFICE

Pursuant to the provisions of Section 617.0501 and 617.0502, Florida Statutes, Horatio Townhomes Property Owners Association, Inc., organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered office and registered agent in the State of Florida as authorized by a resolution duly adopted by the Board of Administration on the 29<sup>th</sup> day of January 2008, the to Following:

JESSICA J. TOLEDO  
4809 E. Busch Blvd  
Suite-204  
Tampa, FL. 33617

Date:

1/29/08


  
Secretary

### ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of the law relative to keeping open said office.

Date:

1/29/08

  
Registered Agent