

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90062 032 ****61.25

DOCUMENT # N04000005293 1. Entity Name CONNERTON COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 3505 FRONTAGE ROAD SUITE 145 TAMPA, FL 33607		Mailing Address 3505 FRONTAGE ROAD SUITE 145 TAMPA, FL 33607	
2. Principal Place of Business - No P.O. Box # Greenacre Properties, Inc. 4131 Gunn Highway Tampa, FL 33618		3. Mailing Address Greenacre Properties, Inc. 4131 Gunn Highway Tampa, FL 33618	
Zip 	Country 	Zip 	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Steven Mezer Street 220 S. Franklin St. City Tampa, FL 33602 State FL Zip Code 	
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 STEVEN H. MEZER 2/1/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	DVP GIBBONS, W. STEWART 3505 FRONTAGE ROAD SUITE 145 TAMPA, FL 33607	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, DALE S JR 3505 FRONTAGE ROAD SUITE 145 TAMPA, FL 33607	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/ST SHELLING, KATHY L 3505 FRONTAGE ROAD SUITE 145 TAMPA, FL 33607	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GLOVER, LARRIE 3505 FRONTAGE RD., SUITE 145 TAMPA, FL 33607	<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		PD Lorrie Glover 4131 Gunn Highway Tampa, FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VPD Dale Jones 4131 Gunn Highway Tampa, FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STD Kathy Shelling 4131 Gunn Highway Tampa, FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D Stewart Gibbones 4131 Gunn Highway Tampa, FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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: KATHY SHELLING, SR. 2/27/07 (813)286-8899 ex24 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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