

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # N04000007249
 1. Entity Name
APOLLO BEACH TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
2506 S MACDILL AVE SUITE A **2506 S MACDILL AVE SUITE A**
TAMPA, FL 33629 **TAMPA, FL 33629**

DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3578769	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOLCOMB & MAYTS, P.A.
201 N. ARMENIA AVE
TAMPA, FL 33609

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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 _____ (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LANDERS, JAMES F 2506 S MACDILL AVE SUITE A TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HUDSON, ALAN 2506 S MACDILL AVE SUITE A TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/07/08-80047-002 61.25
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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: _____ **1/14/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #