

FILED
Apr 23, 2007 8:00 am
Secretary of State

400 / 111

DOCUMENT # N04000009312

1. Entity Name
CHRISTIANSTED CONDOMINIUM ASSOCIATION OF TAMPA, INC.

Principal Place of Business
101 S. FRANKLIN STREET
SUITE 101
TAMPA, FL 33602

Mailing Address
101 S. FRANKLIN STREET
SUITE 101
TAMPA, FL 33602

2. Principal Place of Business - No P.O. Box #
509 W. Bay
Suite, Apt. #, etc.

3. Mailing Address
4131 GUNN HWY
Suite, Apt. #, etc.

City & State
TAMPA, FL
Zip
33611
Country
US

City & State
TAMPA, FL
Zip
33618
Country
U.S

6. Name and Address of Current Registered Agent
GARDNER, J. STEPHEN
101 S. FRANKLIN STREET
SUITE 101
TAMPA, FL 33602

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
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
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, 2007

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
DV TAGGART, JOSEPH W SR 4301 ANCHOR PLAZA PARKWAY SUITE 400 TAMPA, FL 33634
OPT SMITH, JAMES C 20217 RIVERCHASE DRIVE CORNELIUS, NC 28031
DS GARDNER, J. STEPHEN 101 S. FRANKLIN ST., SUITE 101 TAMPA, FL 33602
Delete Delete Delete
Delete Delete Delete

11. D
Harvey, Leslie
509 W. Bay, #302
Tampa, FL 33602
IS IN 10
nge Addition
nge Addition
Change Addition
Change Addition
Change Addition
Change 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: 4-15-07 704-258-3407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #