

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90173 007 \*\*\*\*61.25

<b>DOCUMENT # N04000009312</b> 1. Entity Name <b>CHRISTIANSTED CONDOMINIUM ASSOCIATION OF TAMPA, INC.</b>					
Principal Place of Business <b>509 W. BAY TAMPA, FL 33602</b>			Mailing Address <b>4131 GUNN HWY TAMPA, FL 33618</b>		
2. Principal Place of Business - No P.O. Box # <b>3001 Executive Dr. Suite, Apt. #, etc. Suite 260</b>		3. Mailing Address <b>3001 Executive Dr. Suite, Apt. #, etc. Suite 260</b>			
City & State <b>Clearwater, FL</b>		City & State <b>Clearwater, FL</b>			
Zip <b>33762</b>		Country <b>Pinellas</b>		Zip <b>33762</b>	
Country <b>Pinellas</b>		4. FEI Number <b>20-2709508</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>GARDNER, J. STEPHEN 101 S. FRANKLIN STREET SUITE 101 TAMPA, FL 33602</b>					
7. Name and Address of New Registered Agent Name <b>Condominium Associates</b> Street Address (P.O. Box Number is Not Acceptable) <b>3001 Executive Dr. Suite 260</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33762</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 <b>By [Signature] Vice Pres.</b> DATE <b>4-29-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 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>	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HARVEY, LESLIE</b> <input checked="" type="checkbox"/> Delete <b>509 W. BAY #302</b> <b>TAMPA, FL 33602</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPT SMITH, JAMES C</b> <input type="checkbox"/> Delete <b>20217 RIVERCHASE DRIVE</b> <b>CORNELIUS, NC 28031</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS GARDNER, J. STEPHEN</b> <input type="checkbox"/> Delete <b>101 S. FRANKLIN ST., SUITE 101</b> <b>TAMPA, FL 33602</b>				
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				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D David Ezell</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>509 West Bay St. Unit 304</b> <b>Tampa, FL 33606</b>				
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				
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: <b>[Signature]</b> DATE <b>4-29-08</b> DAYTIME PHONE # <b>833-676-8081</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					