

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

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

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

DOCUMENT # N04000009312		
1. Entity Name CHRISTIANSTED CONDOMINIUM ASSOCIATION OF TAMPA, INC.		

Principal Place of Business 509 W. BAY TAMPA, FL 33601	Mailing Address 4131 GUNN HWY TAMPA, FL 33618
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2. Principal Place of Business - No P.O. Box # 3001 Executive Dr.	3. Mailing Address 3001 Executive Dr.
Suite, Apt. #, etc. Suite 260	Suite, Apt. #, etc. Suite 260
City & State Clearwater, FL	City & State Clearwater, FL
Zip 33762	Country Pinellas

6. Name and Address of Current Registered Agent GARDNER, J. STEPHEN 101 S. FRANKLIN STREET SUITE 101 TAMPA, FL 33602
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7. Name and Address of New Registered Agent Condominium Associates By: <i>John Gardner, Vice Pres.</i>
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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 *John Gardner, Vice Pres.* Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-29-08 DATE

Filing Fee is \$61.25 Due by May 1, 2008		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			
<p>TITLE D NAME HARVEY, LESLIE STREET ADDRESS 509 W. BAY #302 CITY-ST-ZIP TAMPA, FL 33602</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE D NAME David Ezell STREET ADDRESS 509 WEST BAY ST. UNIT 304 CITY-ST-ZIP Tampa, FL 33606</p> <p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p>	
<p>TITLE DPT NAME SMITH, JAMES C STREET ADDRESS 20217 RIVERCHASE DRIVE CITY-ST-ZIP CORNELIUS, NC 28031</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE DS NAME GARDNER, J. STEPHEN STREET ADDRESS 101 S. FRANKLIN ST., SUITE 101 CITY-ST-ZIP TAMPA, FL 33602</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
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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: *Steve Gardner* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-29-08 83-676-8081 Daytime Phone #