## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000009312

FILED Mar 20, 2009 Secretary of State

Entity Name: CHRISTIANSTED CONDOMINIUM ASSOCIATION OF TAMPA, INC.

Current Principal Place of Business: New Principal Place of Business:

3001 EXECUTIVE DR 777 S. HARBOUR ISLAND BLVD.

STE 260 SUITE 270

CLEARWATER, FL 33762 TAMPA, FL 33602

Current Mailing Address: New Mailing Address:

3001 EXECUTIVE DR 5001 FOURTH STREET NORTH STE 260 SUITE A

CLEARWATER, FL 33762 ST. PETERSBURG, FL 33734

FEI Number: 20-2709508 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONDO. ASSOCS LANG & BROWN, PA

3001 EXECUTIVE DR 5001 FOURTH STREET NORTH STE 260 SUITE A

CLEARWATER, FL 33762 US ST. PETERSBURG, FL 33734 US

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.

SIGNATURE: SHAWN BROWN 03/20/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DPT ( ) Delete Title: P (X) Change ( ) Addition

Name: SMITH, JAMES C Name: BEARD, ALLISON
Address: 20217 RIVERCHASE DRIVE Address: 8 CHANNEL AVE, UNIT B

City-St-Zip: CORNELIUS, NC 28031 City-St-Zip: WRIGHTSVILLE BEACH, NC 28480

Name: GARDNER, J. STEPHEN Name: MINDER, GREG

Address: 101 S. FRANKLIN ST., SUITE 101 Address: 101 S. FRANKLIN ST., SUITE 101

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete Title: ( ) Change ( ) Addition Name: EZELL, DAVID Name:

 Name:
 EZELL, DAVID
 Name:

 Address:
 509 W BAY ST UNIT 304
 Address:

 City-St-Zip:
 TAMPA, FL 33606
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLISON BEARD P 03/20/2009