208 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 06, 2008 8:00 am DOCUMENT # N04000009638 **Secretary of State** 02-06-2008 90029 028 \*\*\*\*61.25 BILLUPS TOWNHOMES HOMEOWNER'S ASSOCIATION. INC. Principal Place et Business Mailing Address 2202 W. HORATIO ST TAMPA FL 33606 2202 W. HORATIO ST TAMPA FL 33606 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2208 Hora 2208 Herotio Suite, Apt. #. etc. Suite, Apt. #, erc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 14-1911981 <u> Clamba</u> Not Applicable Ιa Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 3606 3606 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent totocz N ZALIS, RONALD Street Address (P.O. Box Number is Not Acceptable) 2202 W. HORATIO TAMPA FL 33606 Zip Code 33606 lampa 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 printer recess of registered agent and the Tappicable. (NOTE: Registered Agent stanzaure reduced when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 MR TITLE ☑ Delete TITLE ZALIS, RONALD NAME NAME 2202 W. HORATIO STREET ADDRESS STREET ADDRESS TAMPA FL 33606 CITY-ST-ZIP CITY-ST-ZiP ☐ Delate THE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY - ST-ZEP Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalere ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDPESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ACORESS CITY-ST-ZIP CITY-ST-ZP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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