

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90081 030 \*\*\*\*61.25

**DOCUMENT # N04000011150**

1. Entity Name  
**CONCORD STATION COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**600 N. WESTSHORE BLVD.  
SUITE 400  
TAMPA, FL 33609**

Mailing Address  
**600 N. WESTSHORE BLVD.  
SUITE 400  
TAMPA, FL 33609**

2. Principal Place of Business

3. Mailing Address

**777 S. Harbour Island Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 270**

04272006

Chg-NP

CR2E037 (4/06)

City & State

City & State

**Tampa**

4. FEI Number  
**APPLIED FOR**

Applied For  
Not Applicable

Zip

Country

Zip

**33602**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'RYAN, CHRISTIAN F  
2701 NORTH ROCKY POINT DRIVE STE 900  
TAMPA, FL 33607**

Name

**Condominium Associates**

Street Address (P.O. Box Number is Not Acceptable)

**777 S. Harbour Island Blvd., Suite 270**

City

**Tampa**

FL

Zip Code

**33602**

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

**Kathy Blamhall**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/2/06**

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EICHHOLT, DUSTY 600 N. WESTSHORE BLVD., SUITE 400 TAMPA, FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KOUWENHOVEN, BILL 600 N. WESTSHORE BLVD., SUITE 400 TAMPA, FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GOYANI, KARTIK 600 N. WESTSHORE BLVD., SUITE 400 TAMPA, FL 33609	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Joseph Hootman 600 N. Westshore Blvd, Suite 400 Tampa, FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Michael Cachon 600 N. Westshore Blvd, Suite 400 Tampa, FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Tim Kett 600 N. Westshore Blvd, Suite 400 Tampa, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Shawna Mulford 600 N. Westshore Blvd, Suite 400 Tampa, FL 33609	<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:

**Dusty Eichholt**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/2/06**

**813-209-9300**