

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90055 014 \*\*\*\*61.25

<b>DOCUMENT # N04000011150</b> 1. Entity Name <b>CONCORD STATION COMMUNITY ASSOCIATION, INC.</b>			
Principal Place of Business <b>600 N. WESTSHORE BLVD. SUITE 400 TAMPA, FL 33609</b>		Mailing Address <b>777 S HARBOUR ISLAND BLVD STE 270 TAMPA, FL 33602</b>	
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address <b>24646 State Rd. 54</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>Suite 102</b>	
City & State 		City & State <b>Lutz, Florida</b>	
Zip 	Country 	Zip <b>33559</b>	Country <b>US</b>
6. Name and Address of Current Registered Agent <b>CONDOMINIUM ASSOCIATES 777 S HARBOUR ISLAND BLVD STE 270 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>24646 State Rd. 54, Suite 102</b> City <b>Lutz</b> <b>FL</b> Zip Code <b>33559</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>Kathy Bramhall cmca, AMS Kathy Bramhall</b> <b>1/15/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOOTMAN, JOSEPH 600 N WESTSHORE BLVD STE 400 TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COCHON, MICHAEL 600 N WESTSHORE BLVD STE 400 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>Michael Cochon</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KETT, TIM 600 N WESTSHORE BLVD STE 400 TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Treasurer</b> <b>Heather Middleton</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>600 N. Westshore Blvd., Suite 400</b> <b>Tampa, FL 33609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULFORD, SHAWNA 600 N WESTSHORE BLVD STE 400 TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	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"/> Delete	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>Dusty Eichholt</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>1-31-07</b> <b>813-341-0943</b> <small>Date Daytime Phone #</small>	

**DUSTY EICHHOLT**