



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90034 011 \*\*\*\*61.25

<b>DOCUMENT # N04000011188</b> 1. Entity Name <b>GRAND CENTRAL AT KENNEDY OFFICES CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1100 CHANNELSIDE DRIVE, STE. 240 TAMPA, FL 33602</b>			Mailing Address <b>1100 CHANNELSIDE DRIVE, STE. 240 TAMPA, FL 33602</b>		
2. Principal Place of Business - No P.O. Box # <b>1101 CHANNELSIDE DR</b>		3. Mailing Address <b>1101 CHANNELSIDE DR.</b>		  01182007 Chg-NP CR2E037 (12/06)	
Suite, Apt., #, etc. <b>240</b>		Suite, Apt., #, etc. <b>240</b>			
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>			
Zip <b>33602</b>		Zip <b>33602</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>84-1663341</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>STOLTENBERG, KEN 1101 CHANNELSIDE DRIVE, STE. 240 TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent Name <b>Daniel G. Musca</b> Street Address (P.O. Box Number is Not Acceptable) <b>12004 Race Track Road</b> <b>c/o Tampa Business &amp; Property Law Source, P.A.</b> City <b>Tampa</b> State <b>FL</b> Zip Code <b>33626</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 <u><i>Daniel G. Musca</i></u> DATE <u>January 24, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</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 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT STOLTENBERG, KEN 1101 CHANNELSIDE DRIVE, STE. 240 TAMPA, FL 33602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS BOMBEECK, FRANK 1101 CHANNELSIDE DRIVE, STE. 240 TAMPA, FL 33602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELIGMAN, DONALD 1101 CHANNELSIDE DRIVE, STE. 240 TAMPA, FL 33602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u><i>F.H. Bembereck</i></u> DIRECTOR <u>1/18/07</u> <u>813-864-4200</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					