

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90020 017 ****61.25

DOCUMENT # N05000000368

1. Entity Name
1301 SOHO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**1301 S HOWARD AVE
TAMPA FL 33606**



2. Principal Place of Business 3. Mailing Address
2870 Scherer Dr N #100
St Petersburg FL 33716

1st MOORE CR2E037 (10/05)
4. FEI Number **01-0827582**
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SWEAT, LARRY
215 E DAVIS BLVD
TAMPA FL 33606**

7. Name and Address of New Registered Agent
Name **DEFURIO, JAMES P.A.**
Street Address (P.O. Box Number is Not Acceptable) **201 E. Kennedy Blvd**
City **Tampa** FL **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 **James R. DEFURIO, Pres** DATE **5-4-06**

FILE NOW: 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	PD	<input checked="" type="checkbox"/> Delete
NAME	SUTO, ALEXANDER W	
STREET ADDRESS	4642 SENTINEL VIEW	
CITY-ST-ZIP	ATLANTA GA 30327	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SWEAT, LARRY	
STREET ADDRESS	215 E DAVIS BLVD	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MARGAGLIANO, GREG	
STREET ADDRESS	215 E DAVIS BLVD	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENSON, JULIE V.	
STREET ADDRESS	1301 S. HOWARD AVE, #A-22	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVAREZ, ALBERT	
STREET ADDRESS	1301 S. HOWARD AVE, #B-20	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	Director AT LARGE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRKBRIDE TASHIN	
STREET ADDRESS	1301 S. HOWARD AVE, #C-6	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	ATWOOD, RYAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1301 S. HOWARD AVE #B-23	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKIN, DAVID	
STREET ADDRESS	1301 S. HOWARD AVE #B-15	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Julie V. Benson** DATE: **4/11/06**