2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2007
Secretary of State

DOCUMENT# N05000008855

Entity Name: ALCALDE ASSOCIATION OF YBOR CITY, INC.

Current Principal Place of Business:

3915 FOUNTAINBLEAU DRIVE
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

3915 FOUNTAINBLEAU DRIVE
TAMPA, FL 33634

New Mailing Address:

FEI Number: 06-1756135 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MORGADO, SANDRA
3915 FOUNTAINBLEAU DRIVE
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MORGADO, SANDRA
Address: 3915 FOUNTAINBLEAU DRIVE
City-St-Zip: TAMPA, FL 33634

Title: VD ( ) Delete
Name: REID, KATHY J
Address: 7803 SOCIAL CIRCLE APT. D
City-St-Zip: TAMPA, FL 33614

Title: TD ( ) Delete
Name: PARRADO, ROBERT
Address: 7922 FLOWERFIELD DRIVE
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete
Name: SIMS, JOHNNY
Address: 9728 N. ARMENIA AVE.
City-St-Zip: TAMPA, FL 336127539

Title: S ( ) Delete
Name: ORIHUELA, KRISTEN
Address: 3915 FOUNTAINBLEAU DRIVE
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: A (X) Change ( ) Addition
Name: ANELLO, LISA
Address: 7909 LUXBURY PL.
City-St-Zip: TAMPA, FL 33614

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY J. REID VD 09/12/2007

Electronic Signature of Signing Officer or Director — Date