


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 24, 2008 8:00 am
Secretary of State

06-24-2008 90001 015 ****61.25

DOCUMENT # N05000010491	
1. Entity Name COLLEGE PARK LANE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 1403 COLLEGE PARK COURT TAMPA FL 33612	Mailing Address 15365 AMBERLY DR TAMPA FL 33647
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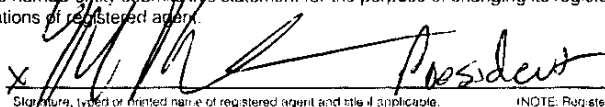


2. Principal Place of Business - No P.O. Box #	3. Mailing Address 8709 Hunter's Green Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 300
City & State	City & State TAMPA, FL
Zip	Country USA
Zip	Country 33647

2nd MOORE CR2E037 (4/08)

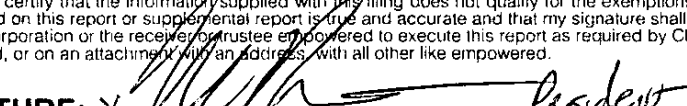
6. Name and Address of Current Registered Agent PARIS, MARK 15365 AMBERLY DR TAMPA FL 33647	
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7. Name and Address of New Registered Agent	
Name PARIS, MARK	
Street Address (P.O. Box Number is Not Acceptable) 8709 Hunter's Green Dr	
Suite 300	
City TAMPA	FL Zip Code 33647

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 X  President	DATE 6/5/08

FILE NOW: FEE IS \$61.25 Due By September 3, 2008.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARIS, DENA L 15365 AMBERLY DR TAMPA FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARIS, DENA L 8709 Hunter's Green Dr., Ste 300 TAMPA, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARIS, MARK 15365 AMBERLY DR TAMPA FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARIS, MARK 8709 Hunter's Green Dr., Ste 300 TAMPA, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, DEBBIE M 15365 AMBERLY DR TAMPA FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, DEBBIE M. 8709 Hunter's Green Dr., Ste 300 TAMPA, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X  President	6/5/08 (813) 994-0909