2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 10, 2006 8:00 am Secretary of State

DOOLINENT "NOTOOOA 40 40				Se	Secretary of State			
DOCUMENT # N05000011243 1. Éntity Name HOTEL DETROIT CONDOMINIUM ASSOCIATION, INC.				26.2	02-10-2006 90003 002 ****61.25			
Principal Place of Business 220 1ST AVENUE N. ST. PETERSBURG, FL 33701	864	ng Address O SEMINOLE BLVD. IINOLE, FL 33772						
2. Principal Place of Business 146 - 2NA STREET NO 146 - 2NA STREET NO								
146 - 2ND STREET NO Sulle, Apt. #, etc. # 202		146 - 20) STREET NO Suite, Apt. #, etc. # 202		02022006 C	thg-NP CR2E03	37 (11/05)		
City & State ST. PETERS BURG	Ci	ity & State	BURG. F	4. FEI Number 26-672903	31	 	olied For Applicable	
Zip Country	Zi		Country PINELLA	5. Certificate of S	Status Desired 📋	\$8.75 Addit Fee Required	tional	
6. Name and Addre	ss of Current Register	ed Agent			dress of New Registered	Agent		
8640 SEMINOLE BLVD. Street Address (I				dress (P.O. Box Number is	P.O. Box Number is NovAcceptable) D. STREET No. # 302			
			Sity	TERSBURG	FL	Zip Code		
The above named entity submits the obligations of redistered agent.	s etatement for the pure	cose of changing its r	egistered office or re	egistered agent, or both, in	. –	familiar with, a	and accept	
				2.1	7/210			
SIGNATURE Signature, typed or printed name	of registered agent and title if ap	plicable. (NOTE.	Registered Agent signature	e required when realistating)	DATE			
	25	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be		payable to	ate	
Signature, typed or printed name Filling Fee is \$61. Due by May 1, 20	25	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make check	tment of Sta		
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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 outh; that I am an officer or director of the corporation or the receiver of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2/7/02

Dayt me Phone e