

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004438

FILED
Apr 30, 2008
Secretary of State

Entity Name: OREGON PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

114 S. OREGON AVE.
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

114 S. OREGON AVE.
TAMPA, FL 33606

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBBONS, GARY A. ESQ.
3321 HENDERSON BLVD.
TAMPA, FL 33609 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: DPV () Delete
Name: LAYTON, NEIL
Address: 3412 W. BAY TO BAY BLVD.
City-St-Zip: TAMPA, FL 33629

Title: DS () Delete
Name: PITISCI, DONALD L.
Address: 609 E. JACKSON ST., STE. 100
City-St-Zip: TAMPA, FL 33602

Title: DT () Delete
Name: LAYTON, DEBORAH
Address: 3412 W. BAY TO BAY BLVD.
City-St-Zip: TAMPA, FL 33629

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:

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: NEIL LAYTON

DPV

04/30/2008

Electronic Signature of Signing Officer or Director

Date