2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2007 8:00 am

DOCUMENT # N0600007076 1. Entity Name EL CERRITO CONDOMINIUM ASSOCIATION, INC.							ry 01 St 20034 029 ****6		
Principal Place of Business 7710 BAYSHORE DRIVE TREASURE ISLAND, FL 33706		Mailing Address 7710 BAYSHORE DRIVE TREASURE ISLAND, FL 33706		4 (TT)() 1 AN AT	IS BIIN SSIN SBIN SBIN SBIN	eem eem itek fek jesk s	1711 3) B 1 (23 1		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 10107 HAMPTON PL,		<u> </u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007	Chg-NP	CR2E037 (12/06)			
City & State		City & State TAM PA FL		4. FEI Number 20520.	3516		oplied For ot Applicable		
Zip		Country	73618	Country	5. Certificate of	Status Desired	S8.75 Add		
	6. Name	and Address of Current	<u> </u>	Name	7. Name and Ad	idress of New Re	gistered Agent		
MASCARA, ERNEST L									
7710 BAYSHORE DRIVE TREASURE ISLAND, FL 33706				Street Add	Street Address (P.O. Box Number is Not Acceptable)				
	ş.			City			₽ ∎ Zip Cod	le .	
The above named entity submits this statement for the purpose of changing its registere					agistared agent or both	in the State of Flor	TL		
	tions of regis		the purpose of crianging it	s registered office of re	egistered agent, or both,	in the State of Fich	ida. Tamilamiliai wilii,	ало ассері	
SIGNATURE .						··			
	Signature types	for printed name of registered agent a	and title il applicable. (NO	TE: Registered Agent signature			DATE		
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	Filing Fe	pe is \$61.25 May 1, 2007	9. Election Ca	umpaign Financing Contribution.	\$5.00 May Be		ake check payable to da Department of Si	,	
10.	Filing Fe	e is \$61.25	9. Election Ca Trust Fund	umpaign Financing Contribution.	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Florid	ike check payable to da Department of SI	tate	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEBIASE TREASU	or is \$61.25 May 1, 2007 OFFICERS AND DIFE, RONALD YSHORE DRIVE RE ISLAND, FL 33706 MARY	9. Election Ca Trust Fund RECTORS Delete	Impaign Financing Contribution. 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHAN Product Todal Cowas 10107 Hampt Tampa FL Urce Prost de Teme Ches 13847 Wood Bradenton	GES TO OFFICER on Place 33618 Luck Cr.	ike check payable to da Department of Si is AND DIRECTORS IN Change	tate 1 10 Addition	
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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 it 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 indigess, with all other like empowered.

SIGNATURE: _