

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90212 011 ****61.25

DOCUMENT # N06000008730					
1. Entity Name STARS & STRIPES COMMERCE PARK I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5404 HOOVER BLVD SUITE 12 TAMPA, FL 33634		Mailing Address PO BOX 152874 TAMPA, FL 33684-2874			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <i>None</i>		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-5388483	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH-MAGEE, DENISE TD 5404 HOOVER BLVD SUITE 12 TAMPA, FL 33634			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, GILBERT T		NAME		
STREET ADDRESS	3926 W SOUTH AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, CAROL		NAME		
STREET ADDRESS	5404 HOOVER BLVD SUITE 20		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH-MAGEE, DENISE L		NAME	William Hodges	
STREET ADDRESS	5404 HOOVER BLVD SUITE 12		STREET ADDRESS	5404 Hoover Blvd Suite 16	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP	Tampa, FL 33634	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH, FRANCES		NAME	Smith-Magee, Denise	
STREET ADDRESS	5404 HOOVER BLVD SUITE 3		STREET ADDRESS	5404 Hoover Blvd, Suite 12	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP	Tampa, FL 33634	
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Kathleen Kodwell	
STREET ADDRESS			STREET ADDRESS	5404 Hoover Blvd, Suite 24	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa, FL 33634	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Carol Katz</i>		Date: <i>4/28/08</i>		Daytime Phone #: <i>813-287-5718</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	