


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

**FILED**  
**Jun 17, 2008 8:00 am**  
**Secretary of State**

06-17-2008 90001 041 \*\*\*\*61.25

<b>DOCUMENT # N06000011808</b>	
1. Entity Name <b>COLLEGE PARK COURT HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>15365 AMBERLY DRIVE TAMPA FL 33647</b>	Mailing Address <b>15365 AMBERLY DRIVE TAMPA FL 33647</b>
--	--

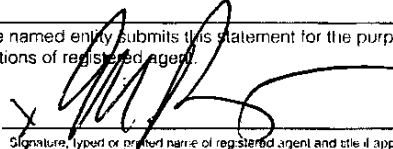


2. Principal Place of Business - No P.O. Box # <b>8709 Hunter's Green Dr</b>	3. Mailing Address <b>8709 Hunter's Green Dr</b>
Suite, Apt. #, etc. <b>300</b>	Suite, Apt. #, etc. <b>Suite 300</b>
City & State <b>TAMPA, FL</b>	City & State <b>TAMPA, FL</b>
Zip <b>33647</b>	Country <b>USA</b>

2nd MOORE CR2E037 (4/08)

4. FEI Number <b>AP-PLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PARIS, MARK 15365 AMBERLY DR TAMPA FL 33647</b>	
7. Name and Address of New Registered Agent Name <b>PARIS, MARK</b> Street Address (P.O. Box Number is Not Acceptable) <b>8709 HUNTERS GREEN DRIVE</b> <b>Suite 300</b> City <b>TAMPA</b> FL Zip Code <b>33647</b>	

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.

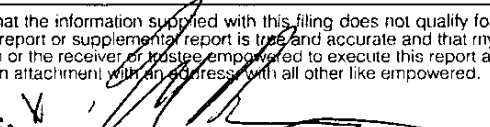
SIGNATURE  DATE **6/15/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By September 3, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PARIS, DENA L 15365 AMBERLY DRIVE TAMPA FL 33647</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PARIS, DENA L 8709 Hunter's Green Dr., Ste 300 TAMPA, FL 33647</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PARIS, MARK 15365 AMBERLY DRIVE TAMPA FL 33647</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PARIS, MARK 8709 Hunter's Green Dr., Ste 300 TAMPA, FL 33647</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILLIAMS, DEBBIE M 15365 AMBERLY DRIVE TAMPA FL 33647</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILLIAMS, DEBBIE M. 8709 Hunter's Green Dr., Ste 300 TAMPA, FL 33647</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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:  **6/15/08 1832994-0909**