

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000012451

1. Entity Name
514 FRANKLIN STREET CONDOMINIUM ASSOCIATION,
INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 23 AM 11:17

Principal Place of Business
518 N TAMPA STREET SUITE 300
TAMPA, FL 33602

Mailing Address
518 N TAMPA STREET SUITE 300
TAMPA, FL 33602

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10102007 REIN-NP

CR2E099 (1/07)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HICKS, BRENDA DOHRING
518 N TAMPA STREET SUITE 300
TAMPA, FL 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2008, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HICKS, BRENDA DOHRING ☐ Delete
STREET ADDRESS 518 N TAMPA STREET SUITE 300
CITY-ST-ZIP TAMPA, FL 33602

TITLE DP
NAME HICKS, JEFF ☐ Delete
STREET ADDRESS 518 N TAMPA STREET SUITE 300
CITY-ST-ZIP TAMPA, FL 33602

TITLE ST
NAME POLO, NANCY ☐ Delete
STREET ADDRESS 518 N TAMPA STREET SUITE 300
CITY-ST-ZIP TAMPA, FL 33602

TITLE D
NAME POLO, DAVID ☐ Delete
STREET ADDRESS 550 REO STREET, SUITE 250
CITY-ST-ZIP TAMPA, FL 33609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700111194857
CITY-ST-ZIP 10/23/07--01020--004 **61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

BRENDA DOHRING HICKS 10/11/07 813-223-9111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #