


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90046 033 \*\*\*\*61.25

DOCUMENT # N08895			
1. Entity Name ARBOR OAKS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 13309 WINDING OAK CT. B TAMPA, FL 33612 US		Mailing Address 15009 N. FLORIDA AVE. PMB 241 TAMPA, FL 33613 US	
2. Principal Place of Business		3. Mailing Address <b>218 E. BEARSS AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>PMB 241</b>	
City & State		City & State <b>Tampa FL</b>	
Zip	Country	Zip	Country
		<b>33613-1625</b>	<b>US</b>
4. FEI Number 59-2760792		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	
CRONIN, RAYMOND J RAYMOND J. CRONIN SUITE B TAMPA, FL 33612		Name <b>CONDOMINIUM ALLIANCE MNGT. CORP</b> Street Address (P.O. Box Number is Not Acceptable) <b>218 E. BEARSS AVE</b> City <b>TAMPA</b> FL Zip Code <b>33613-1625</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 <i>Raymond J Cronin</i>		DATE <b>2/22/05</b>	
Filing Fee is \$61.25 Due by May 1, 2005		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, LISA	NAME	
STREET ADDRESS	3424 ARBOR OAKS CT.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33614	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANDARA, ADRIAN	NAME	
STREET ADDRESS	3410 ARBOR OAKS CT.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33614	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, CAROLYN	NAME	
STREET ADDRESS	3412 ARBOR OAKS CT	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33614	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, PERRY	NAME	
STREET ADDRESS	3419 ARBOR OAKS CT	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33614	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, INGRID	NAME	
STREET ADDRESS	3413 ARBOR OAKS CT	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33614	CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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>Raymond J Cronin</i>		DATE: <b>2/22/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE # <b>813-935-6633</b>	
<i>Raymond J Cronin</i>			
<i>Adrian Gandara</i>		<b>3/16/05</b>	

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