


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90218 001 ****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 218 E BEARSS AVE PMB 241 TAMPA, FL 33613-1625 US	
2. Principal Place of Business 218 E. BEARSS AVE		3. Mailing Address 218 E. BEARSS AVE	
Suite, Apt. #, etc. #241		Suite, Apt. #, etc. #241	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33613	Country USA	Zip 33613	Country USA
6. Name and Address of Current Registered Agent CONDOMINIUM AVENUE MNGT CORP 218 E BEARSS AVE TAMPA, FL 33613-1625		7. Name and Address of New Registered Agent Name CONDOMINIUM ALLIANCE WNGT. CORP Street Address (P.O. Box Number is Not Acceptable) #241 - 218 E. BEARSS AVE City TAMPA FL Zip Code 33613	
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 <u>RAYMOND J. CRONIN</u> <u>PRESIDENT</u> <u>4/25/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, LISA 3424 ARBOR OAKS CT. TAMPA, FL 33614 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. CYNTHIA CROSBY 3402 ARBOR OAKS CT. TAMPA FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANDARA, ADRIAN 3410 ARBOR OAKS CT. TAMPA, FL 33614 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. GLADYS PERMUY 3403 ARBOR OAKS CT. TAMPA, FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, PERRY 3419 ARBOR OAKS CT TAMPA, FL 33614 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. JAMES WOODS PO BOX 27072 TAMPA, FL 33623 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORN, INGRID 3413 ARBOR OAKS CT TAMPA, FL 33614 <input checked="" 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: <u>Raymond J. Cronin</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/25/06</u> Daytime Phone # <u>813 935 6633</u>	