


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N08993
1. Entity Name
STROUD PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **ONE BARBADOS AVE. APT. 1-A TAMPA FL 33606**
Mailing Address: **ONE BARBADOS AVE. APT. 1-A TAMPA FL 33606**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: Zip Country



4. FEI Number: **59-2587331** Applied For: Not Applicable:
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**GIDDENS, NEIL C
ONE BARBADOS AVE.
APT. 1A
TAMPA FL 33606**

7. Name and Address of New Registered Agent
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
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: GIDDENS, NEIL C STREET ADDRESS: 1 BARBADOS AVE # 1-A CITY-ST-ZIP: TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE: TD NAME: GIDDENS, NEIL C. STREET ADDRESS: ONE BARBADOS AVE. #1A CITY-ST-ZIP: TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE: SD NAME: LACEY, GLASS STREET ADDRESS: 2411 W STROND AVE, APT 5 CITY-ST-ZIP: TAMPA FL 33629	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Neil C. Giddens 2-2-05 813-253-6506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #