

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 re-electing)

DATE

FILE NOW; FEE IS \$61.25
Due By May 1, 2006

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 ☐ Delete

TITLE TO
NAME GIDDENS, NEIL C.
STREET ADDRESS ONE BARBADOS AVE. #1A
CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

TITLE SD
NAME LACEY, GLASS
STREET ADDRESS 2411 W STROND AVE, APT 5
CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP ☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.