

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10875

FILED
Jul 05, 2007
Secretary of State

Entity Name: BROMPTON PLACE ASSOCIATION, INC.

Current Principal Place of Business:

8416 N. JONES AVE.
UNIT 2
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

PO BOX 7692
TAMPA, FL 33673 US

New Mailing Address:

FEI Number: 59-3032469 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAUER III, EDDY G
4218 RIVERSIDE DR
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: PAVAN, NICOLA
Address: 2301 W IDLEWILD AVE
City-St-Zip: TAMPA, FL 33603

Title: PD () Delete
Name: PAWLOSKI, VIRGINIA A
Address: 8416-2 N. JONES
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: MORGAN, DEAL
Address: 8418-4 N JONES AVE
City-St-Zip: TAMPA, FL 33604

Title: TD (X) Delete
Name: KING, MANIKA
Address: 8414-1 N JONES AVE
City-St-Zip: TAMPA, FL 33604

Title: D (X) Delete
Name: MCKNIGHT, BARBARA
Address: 8416-3 N JONES BLVD
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GIFFORD, BERNIE
Address: 534 N. LARRY CIRCLE
City-St-Zip: BRANDON, FL 33511

Title: TD (X) Change () Addition
Name: SEAY, JENNIFER
Address: 8414-2 N. JONES
City-St-Zip: TAMPA, FL 33604

Title: SD (X) Change () Addition
Name: PAWLOSKI, VIRGINIA
Address: 8416-2 N JONES AVE
City-St-Zip: TAMPA, FL 33604

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNIE GIFFORD

PRES

07/05/2007

Electronic Signature of Signing Officer or Director

Date