

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15425

FILED
Jan 13, 2009
Secretary of State

Entity Name: STOVALL COMMONS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2905 STOVALL STREET
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

2905 STOVALL STREET
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-2733395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOVALL COMMONS CONDO ASSN
2905 STOVALL PLACE
TAMPA, FL 33629 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: PDT () Delete
Name: BARR, BORIS
Address: 2905 STOVALL PL
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: JOSETTE, BARR
Address: 2905 STOVALL PLACE
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: MILLER, PAMELA
Address: 2903 STOVALL PLACE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: BORIS BARR

PDT

01/13/2009

Electronic Signature of Signing Officer or Director

Date