

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90076 011 \*\*\*\*70.00

<b>DOCUMENT # N18328</b>					
1. Entity Name INTERBAY OAKS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business INTERBAY OAKS CONDO ASSOCIATION 6833 S WALL ST TAMPA, FL 33616			Mailing Address P O BOX 13710 TAMPA, FL 33681-3710		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address <b>6833 S. WALL ST.</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <b>TAMPA, FLA.</b>		
Zip	Country	Zip	Country	4. FEI Number 59-2763846	
<b>33616</b>		<b>33616</b>	<b>Hillsborough</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BROYE, RICHARD J 6833 SOUTH WALL ST TAMPA, FL 33616				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 <i>Richard J. Broze</i>				DATE <b>1-5-08</b>	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWARDS, MARINA		NAME		
STREET ADDRESS	8101 INTERBAY BLVD G		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33616		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVERY, THOMAS		NAME	<b>TD DONNA IMEL</b>	
STREET ADDRESS	8101 INTERBAY BLVD., A		STREET ADDRESS	<b>8101 INTERBAY BLVD K</b>	
CITY-ST-ZIP	TAMPA, FL 33616		CITY-ST-ZIP	<b>TAMPA, FLA. 33616</b>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, EVETTE		NAME		
STREET ADDRESS	8101 INTERBAY BLVD E		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33616		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Channing Adams (Pres.)</i>				Date <b>6 Jan 08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <b>813-495-8401</b>	

# ATTACHMENT

40002316

## Budget items

# N18328

	annual 2008	Monthly	
Accounting	\$ 300.00	\$ 25.00	
Backflow prevention	\$ 125.00	\$ 10.00	
Bank fees	\$ 100.00	\$ 8.00	
Building Emergencies	\$ 1,500.00	\$ 125.00	
Electric/ Street Lights	\$ 1,400.00	\$ 117.00	
Exterior Fence	\$ 800.00	\$ 67.00	
Fire extinguisher	\$ 120.00	\$ 10.00	
Lawn Service	\$ 3,900.00	\$ 325.00	
Legal/ Office Supplies	\$ 75.00	\$ 6.00	
Liability Insurance (Citizens Insurance)	\$ 15,000.00	\$ 1,250.00	This is an estimated cc
Management	\$ 4,200.00	\$ 350.00	
Parking lot	\$ 500.00	\$ 42.00	
Pest Control/rodents/raccoons	\$ 1,000.00	\$ 83.00	
Plants / Tree Services	\$ 1,000.00	\$ 83.00	
Roof, Plumbing, Siding Emergencies	\$ 400.00	\$ 33.00	
State Filing Fees/ Annual Report Fees	\$ 200.00	\$ 17.00	
Utilities / City of Tampa Utilities	\$ 7,100.00	\$ 592.00	

**Total Expenses** \$ 37,720.00

**Total Income** \$ 39,000.00

**RESERVES** \$ 17,423.00

INTERBAY OAKS CONDOMINIUM ASSOCIATION, INC.  
January 1st, 2008 - December 31st, 2008

## BOARD of DIRECTORS

Marina Edwards- President

Evette Brown- Vice President

Donna Imiel- Secretary/Treasurer

Dacari Management