2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 17, 2007 8:00 am Secretary of State DOCUMENT # N27110 1. Entity Name 04-17-2007 90051 019 ****61.25 LA PORTICO OF SUNSET PARK HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 4406 BAY TO BAY BLVD 4406 BAY TO BAY BLVD **TAMPA FL 33629 TAMPA FL 33629** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/06) City & State Applied For City & State 4. FEI Number 59-2902694 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALKER, ALICE Street Address (P.O. Box Number is Not Acceptable) 4406 BAY TO BAY **TAMPA FL 33629** City 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 4 applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTØRS IN 10 11. Delete TITLE ST ☐ Addition NAMI JONES, VEXESSA NAME STREET ADDRESS STREET ADDRESS 4412 BAY TO BAY BLVD CITY-ST ZIP CRY ST-7IP **TAMPA FL 33629** TITLE Delete Change ☐ Addition NAME ROBINSON, SANDRA NAME STRUCT ADDRESS 4414 BAY TO BAY BLVD STREET ADDRESS CITY-ST-7/P **TAMPA FL 33629** CHY-ST-7IP TITLE ☑ Delete TITLE **Change** ☐ Addition NAME THOMPSON, SANDRA NAME STREET ADDRESS STREET ADDRESS 4410 BAY TO BAY BLVD CITY - ST - 7IP CITY-ST-ZIP **TAMPA FL 33629** TITLE ☐ Defete 11113 Change ☐ Addition NAMI. NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY ST 7tP ☐ Delete THIE HOE ☐ Change ■ Addition NAME NAMI STREET ADDRESS STREET ADDITESS CHY-ST-ZIP CITY ST-ZIP RITLE Delete TITLE ☐ Change ☐ Addilion NAME NAMI STREET ADORESS STREET ADDRESS

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12. I horeby certify that the information supplied with this filling 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 eath; that I am an efficer 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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X 4/1/07 X ST 298 160

FILED