## 2008 NOT-FOR-PROFIT CORPORATION

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## Apr 22, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N27110 04-22-2008 90025 016 \*\*\*\*61.25 1. Entity Name 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. 04152008 Chg-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Numbe 59-2902694 Not Applicable Zip Country Country Zip \$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 PATRICIA CULBREAM WALKER, ALICE Street Address (P.O. Box Number is Not Acceptable) 4406 BAY TO BAY TAMPA, FL 33629 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. 1.16.08 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be П Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ST Change Change TITLE TITLE ☐ Addition Delete JONES, VANESSA NAME STREET ADDRESS 4412 BAY TO BAY BLVD STREET ADDRESS **TAMPA, FL 33629** CITY-ST-ZIP CITY-ST-ZIP PD 6hange TITLE Delete TITLE ☐ Addition ROBINSON, SANDRA NAME NAME 4414 BAY TO BAY BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33629** CITY-ST-7IP VD. TITLE Delete **⊠** Change TILE ☐ Addition THOMPSON, SANDRA NAME NAME 4410 BAY TO BAY BLVD STREET ADDRESS STREET ADDRESS **TAMPA, FL 33629** CITY-ST-ZIP CITY-ST-ZIP ☐ Chance \*\* Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change

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<sup>12.</sup> 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.