

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90038 041 ****61.25

DOCUMENT # N28053 1. Entity Name ALBANY PLACE CONDOMINIUM ASSOCIATION OF TAMPA, INC.					
Principal Place of Business 1207 N. HIMES AVE STE 3 TAMPA, FL 33607 US			Mailing Address 1207 N. HIMES AVE STE 3 TAMPA, FL 33607 US		
2. Principal Place of Business - No P.O. Box # 607 S. Albany Ave. Suite, Apt. #, etc. Tampa FL City & State			3. Mailing Address P.O. Box 18262 Suite, Apt. #, etc. Tampa, FL City & State		
Zip 33606		Country USA		Zip 33679-8262	
Country USA		4. FEI Number 65-0140899			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent UNIQUE PROPERTY SERVICE, INC. 1207 N. HIMES AVE STE 3 TAMPA, FL 33607					
7. Name and Address of New Registered Agent Name Bay Ridge Property Management Street Address (P.O. Box Number is Not Acceptable) 216 Hyde Park Place, Suite #3 City Tampa FL Zip Code 33606					
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  Sam Corson, Bay Ridge P. Mgmt., President 4-27-2007 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	SD BEAUCHAINE, BETTY 607 S ALBANY #1 TAMPA, FL <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HULL, TED 607 S ALBANY #2 TAMPA, FL 33606 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHKABLA, NICHOLAS 607 S. ALBANY #3 TAMPA, FL 33606 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KENT, STEVEN 607 S. ALBANY #13 TAMPA, FL 33606 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: X  X 4-28-2007 X 813-251-2011 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					