

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28053

FILED
Apr 03, 2009
Secretary of State

Entity Name: ALBANY PLACE CONDOMINIUM ASSOCIATION OF TAMPA, INC.

Current Principal Place of Business:

607 S. ALBANY AVE
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 18262
TAMPA, FL 336798262 US

New Mailing Address:

216 HYDE PARK PLACE
SUITE 3
TAMPA, FL 336062371 US

FEI Number: 65-0140899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAY RIDGE PROPERTY MANAGEMENT
216 HYDE PARK PARK PLACE
SUITE 3
TAMPA, FL 33606 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: SD () Delete
Name: BEAUCHAINE, BETTY
Address: 607 S ALBANY #1
City-St-Zip: TAMPA, FL

Title: PD () Delete
Name: HULL, TED
Address: 607 S ALBANY #2
City-St-Zip: TAMPA, FL 33606

Title: TD () Delete
Name: KENT, STEVEN
Address: 607 S. ALBANY #13
City-St-Zip: TAMPA, FL 33606

Title: VPD () Delete
Name: MARKS, LORI
Address: 607 S ALBANY #7
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: BEAUCHAINE, BETTY
Address: 607 S ALBANY #1
City-St-Zip: TAMPA, FL 33606

Title: PD (X) Change () Addition
Name: HULL, TED
Address: 607 S ALBANY #2
City-St-Zip: TAMPA, FL 33606

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: SAM CORSON

MNGR

04/03/2009

Electronic Signature of Signing Officer or Director

Date