

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State

06-23-2008 90002 007 ****61.25

40108894



01112008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-3098939** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CONDOMINIUM ASSOCIATES
777 S. HARBOUR ISLAND BLVD, SUITE 270
TAMPA, FL 33602

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FITZGIBBONS, JOHN	
STREET ADDRESS	911 MOORING CIR	
CITY - ST - ZIP	TAMPA, FL 33602	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HEIDE, KATHLEEN	
STREET ADDRESS	815 SEDDON COVE WAY	
CITY - ST - ZIP	TAMPA, FL 33602	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLER, RICHARD	
STREET ADDRESS	937 HARBOUR BAY DR	
CITY - ST - ZIP	TAMPA, FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEY, RUTH	
STREET ADDRESS	905 MARINER WAY	
CITY - ST - ZIP	TAMPA, FL 33602	
TITLE	S	<input type="checkbox"/> Delete
NAME	BURNS, STEVE	
STREET ADDRESS	917 HARBOUR BAY DR	
CITY - ST - ZIP	TAMPA, FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Kathleen M. Heide
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/08
Date

813-245-9208
813-225-2553
Daytime Phone #