

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000005796

1. Entity Name
2525 MARYLAND AVENUE CONDOMINIUM
ASSOCIATION, INC.



FILED

05 DEC -5 PM 4: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2525 MARYLAND AVE
33629A
TAMPA, FL 33609 US

Mailing Address
2525 MARYLAND AVE
STE A
TAMPA, FL 33629 US

2. Principal Place of Business
2525 MARYLAND AVE
Suite, Apt. #, etc.

3. Mailing Address
2525 MARYLAND AVE
Suite, Apt. #, etc.

09272005 REIN-NP CR2E099 (6/04)

City & State
TAMPA FL

Country
USA

Zip
33629

4. FEI Number
59-3240909

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GIVENS, STANN W
2525 MARYLAND AVE
TAMPA, FL 33629

7. Name and Address of New Registered Agent
Name JANET VITALE
Street Address (P.O. Box Number is Not Acceptable)
2525A MARYLAND AVE
City TAMPA FL Zip Code 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.

SIGNATURE 11/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MURPHY, LUCILLE 2525 B MARYLAND AVE TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JANET VITALE 2525A MARYLAND AVE TAMPA FL 33629 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GIVENS, BONNIE M 2525A W. MARYLAND AVE TAMPA, FL 33629 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LORAIN COLLINS 2525A MARYLAND AVE TAMPA FL 33629 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GIVENS, STANN W 2525A W. MARYLAND AVE TAMPA, FL 33629 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: 11/15/05 954 384 3098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #