

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000005796

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



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

3. Mailing Address  
2525 MARYLAND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
TAMPA FL

City & State  
TAMPA FL

Zip

33629

Country  
USA

Zip  
33629

Country  
USA

## 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

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

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TD  
JANET VITALE  
2525 A MARYLAND AVE  
TAMPA FL 33629

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TD  
GIVENS, BONNIE M  
2525A W. MARYLAND AVE  
TAMPA, FL 33629

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
LORRAINE COLLINS  
2525A MARYLAND AVE  
TAMPA FL 33629

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
GIVENS, STANN W  
2525A W. MARYLAND AVE  
TAMPA, FL 33629

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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, or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #