
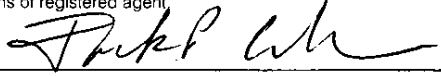
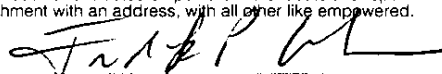


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90052 043 \*\*\*\*61.25

<b>DOCUMENT # N95000004985</b> 1. Entity Name <b>THE COMMONS CONDOMINIUM ASSOCIATION OF TAMPA, INC.</b>					
Principal Place of Business <b>14033 N. DALE MABRY TAMPA, FL 33618 US</b>			Mailing Address <b>14033 N. DALE MABRY TAMPA, FL 33618 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALEXANDER, WILLIAM O 14033 N. DALE MABRY TAMPA, FL 33618				Name <b>FREDERICK P. CARDINALE</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>14033 NORTH DALE MABRY</b>	
				City <b>TAMPA</b> FL Zip Code <b>33618</b>	
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  DATE <b>3/20/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O WEAVER, LARRY S 14023 N. DALE MABRY TAMPA, FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. CARDINALE, FREDERICK P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14033 N. DALE MABRY TAMPA, FL 33618		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, WILLIAM D <input checked="" type="checkbox"/> Delete 14033 N. DALE MABRY TAMPA, FL 33618	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, GLENN <input type="checkbox"/> Delete 14021 N. DALE MABRY TAMPA, FL 33618	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BIEN, JUDITH <input type="checkbox"/> Delete 14021-B N. DALE MABRY TAMPA, FL 33618	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 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.					
<b>SIGNATURE:</b>  <b>3/20/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					