

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000002031

1. Entity Name
BUNGALOW PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2900 AZEELE ST
UNIT B
TAMPA, FL 33609

Mailing Address
2900 AZEELE ST
UNIT B
TAMPA, FL 33609



07162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3475271

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RIASANOVSKY, JANIS
2900 W AZEELE ST
UNIT B
TAMPA, FL 33609

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IN THIS SPACE**

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 September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PDT
RIASANOVSKY, JANIS
2900 AZEELE ST. UNIT B
TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
MONSANTO, JUDE
2900 AZEELE ST., UNIT N
TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DT
SUTKER, SUSANNE
2900 AZEELE ST., UNIT 2
TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DT
MELTON, DR. DONNY
2900 AZEELE ST., UNIT F
TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000763626
07/19/07-800009-012 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/07

Date

Daytime Phone #