2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N98000005212

Entity Name: ELBERON VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5015 S. ELBERON STREET
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 173071
TAMPA, FL 33672

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRIETO, ALICIA M
8602 LIGHTON DR
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

SOUTHEAST REALTY & MANAGEMENT SERVICES
2502 N. HOWARD AVE.
SUITE 206
TAMPA, FL 33607 US

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.

SIGNATURE: ALICIA M. PRIETO 04/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILSON, BRIAN
Address: 5021 S. ELBERON ST
City-St-Zip: TAMPA, FL 33611

Title: STD ( ) Delete
Name: BRIGGS, JO ANN
Address: 5017 S. ELBERON
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Delete
Name: JALBERT, JOSEPH C
Address: 5015 S. ELBERON ST.
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN WILSON PD 04/13/2009
Electronic Signature of Signing Officer or Director Date