


**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

4440000000

<b>DOCUMENT # N99000000722</b>				<b>Secretary of State</b> 04-19-2007 90184 004 ****61.25	
<b>1. Entity Name</b> TESSERA CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 500 S PALM AVE SARASOTA, FL 34236		<b>Mailing Address</b> C/O BETH CALLANS MGMT. 595 BAY ISLES ROAD, STE 201 LONGBOAT KEY, FL 34228			
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>			
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>		
		<b>4. FEI Number</b> 65-0998196		<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
CALLANS, BETH 595 BAY ISLES PKWY #201 LONGBOAT KEY, FL 34228				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
<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.</b>					
<b>SIGNATURE</b> _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<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>	
<b>TITLE</b>	<b>VP</b>	<input checked="" type="checkbox"/> <b>Delete</b>		<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b>	WILSON, RITA			<b>NAME</b>	STD Phillips, Howard
<b>STREET ADDRESS</b>	500 S. PALM AVE.			<b>STREET ADDRESS</b>	500 S. Palm Ave.
<b>CITY-ST-ZIP</b>	SARASOTA, FL 34236			<b>CITY-ST-ZIP</b>	Sarasota, FL 34236
<b>TITLE</b>	PD	<input type="checkbox"/> <b>Delete</b>		<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	SERRANO, MARK			<b>NAME</b>	
<b>STREET ADDRESS</b>	500 S PALM AVE #32			<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	SARASOTA, FL 34236			<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	STD	<input type="checkbox"/> <b>Delete</b>		<b>TITLE</b>	VP
<b>NAME</b>	BLACKLOW, DANIEL			<b>NAME</b>	Blacklow, Daniel
<b>STREET ADDRESS</b>	500 S. PALM AVE			<b>STREET ADDRESS</b>	500 S. Palm Ave.
<b>CITY-ST-ZIP</b>	SARASOTA, FL 34236			<b>CITY-ST-ZIP</b>	Sarasota, FL 34236
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>		<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>				<b>NAME</b>	
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>		<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>				<b>NAME</b>	
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>		<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>				<b>NAME</b>	
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>	
<b>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>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/16/07 <small>Date Daytime Phone #</small>	