2008 NOT-FOR-PROFIT CORPORATION

Apr 25, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N99000000722 04-25-2008 90127 001 ****61.25 TESSERA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 500 S PALM AVE C/O BETH CALLANS MGMT SARASOTA, FL 34236 595 BAY ISLES ROAD, STE 201 LONGBOAT KEY, FL 34228 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 65-0998196 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7 Name and Address of Name 6. Name and Address of Current Registered Agent Beth Callans Management CALLANS, BETH 595 BAY ISLES PKWY #201 Street A 595 Bay Isles Road Suite 200 LONGBOAT KEY, FL 34228 Longboat Key, FL 34228 City Code 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 age SIGNATURE Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. STP TITLE ☐ Delete TITLE Addition James Reighart PHILLIPS, HOWARD NAME NAME 500 S. PALM AVE STREET ADDRESS STREET ADDRESS SARASOTA, FL 34236 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition Bachara Campo 5005 Folm Ave SERRANO, MARK NAME NAME STREET ADDRESS 500 S PALM AVE #32 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP TITLE Delete THILE ☐ Change Addition BLACKLOW, DANIEL NAME NAME STREET ADDRESS 500 S. PALM AVE STREET ADDRESS SARASOTA, FL 34236 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME

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 chapter 619, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP

TITLE

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

). Th. 11.00

☐ Change

☐ Addition

FILED