


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000084866</b>	
1. Entity Name <b>CONDOMINIUM ALLIANCE MANAGEMENT CORPORATION</b>	

Principal Place of Business <b>13309 WINDING OAK CT. B TAMPA, FL 33612</b>	Mailing Address <b>218 E. BEARSS PMB 241 TAMPA, FL 33613-1625</b>
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**DO NOT WRITE IN THIS SPACE**



04252006 No Chg-P CR2E034 (1/1/05)

4. FCI Number <b>59-3345350</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**CRONIN, RAYMOND J  
13309 WINDING OAK CT., STE B  
TAMPA, FL 33612**

**DO NOT WRITE 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 RAYMOND J. CRONIN DATE 4/25/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CRONIN, RAYMOND J 13309 WINDING OAK CT., STE B TAMPA, FL 33612
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05/11/06-80001-019 150.00

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 607, 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: Raymond J. Cronin DATE 4/25/06 DAYTIME PHONE # 813-935-6633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR