

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90224 027 \*\*\*150.00

**DOCUMENT # P95000084866**



1. Entity Name  
**CONDOMINIUM ALLIANCE MANAGEMENT CORPORATION**

Principal Place of Business

**4800 A EHRICH RD  
TAMPA FL 33624**

Mailing Address

**5364 EHRICH RD  
RMB-962  
TAMPA FL 33624**

2. Principal Place of Business

**13309 WINDING OAK CT**

3. Mailing Address

**15009 N. FLORIDA**

Suite, Apt. #, etc.

**"B"**

Suite, Apt. #, etc.

**PMB 241**

City & State

**TAMPA FLORIDA**

City & State

**TAMPA FLORIDA**

Zip

**33612**

Country

**USA**

Zip

**33612**

Country

**USA**

4. FEI Number

**59-3345350**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FARMER, GARY E~~

**RAYMOND J. CRONIN**

~~12512 REGENCY STREET~~

**13309 WINDING OAK CT.  
STE "B"**

~~TAMPA FL 33625~~

**Tampa, FL 33612**

Name

**RAYMOND J. CRONIN**

Street Address (P.O. Box Number is Not Acceptable)

**13309 WINDING OAK CT. STE "B"**

City **Tampa**

**FL**

Zip Code

**33612**

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

**2/17/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Delete  
NAME **FARMER, GARY E**  
STREET ADDRESS **12512 REGENCY STREET**  
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **Pres, VP, SEC, TREAS.** ☐ Change ☒ Addition  
NAME **RAYMOND J. CRONIN**  
STREET ADDRESS **13309 WINDING OAK CT. STE B**  
CITY-ST-ZIP **Tampa FL 33612**

TITLE **VP** ☒ Delete  
NAME **VASQUEZ-FARMER, MINERVA**  
STREET ADDRESS **12512 REGENCY ST**  
CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P, VP, SEC, TREAS.** ☐ Delete  
NAME **RAYMOND J. CRONIN**  
STREET ADDRESS **13309 WINDING OAK CT. STE B**  
CITY-ST-ZIP **Tampa, FL 33612**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** 1/13/02 813-935-6633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)