

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003264

**Entity Name:** DEKLE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 19, 2014**  
**Secretary of State**  
**CC7987359548**

**Current Principal Place of Business:**

1916 W. DEKLE AVE  
UNIT B  
TAMPA, FL 33606

**Current Mailing Address:**

1916 W. DEKLE AVE  
UNIT C  
TAMPA, FL 33606 US

**FEI Number: 13-4213511**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WASHBURN, MARTIN R  
1916 W. DEKLE AVE  
UNIT C  
TAMPA, FL 33606 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name WASHBURN, MARTIN R  
Address 1916 W. DEKLE AVE, UNIT C  
City-State-Zip: TAMPA FL 33606

Title VPD  
Name HOLMES, BEN  
Address 1916 W DEKLE AVE UNIT D  
City-State-Zip: TAMPA FL 33606

Title SD  
Name PAPPAS, KAREN  
Address 1916 W. DEKLE AVE UNIT A  
City-State-Zip: TAMPA FL 33606

Title TD  
Name HOPKINS, LONNI  
Address 1916 W. DEKLE AVE UNIT B  
City-State-Zip: TAMPA FL 33606

*I hereby 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 all other like empowered.*

**SIGNATURE: MARTIN R. WASHBURN**

**PD**

**04/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date