


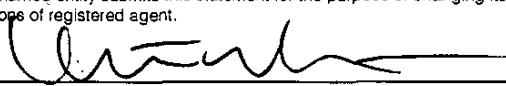
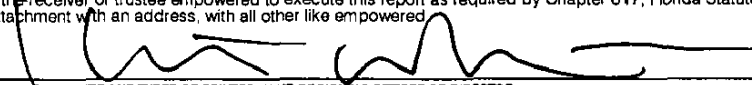
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90288 002 ****61.25

20042199



DOCUMENT # N04000006262					
1. Entity Name 502 NORTH ARMENIA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2101 W. PLATT STREET #200 TAMPA, FL 33606		Mailing Address 2101 W. PLATT STREET #200 TAMPA, FL 33606			
2. Principal Place of Business 502 N. ARMENIA AVE		3. Mailing Address 502 N. ARMENIA AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 20-1491710	
Zip 33609		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LUM, MARTIN 2101 W. PLATT STREET #200 TAMPA, FL 33606			Name: KOETTLER, KEITH W Street Address (P.O. Box Number is Not Acceptable) 502 N. ARMENIA AVE City: TAMPA FL Zip Code: 33609		
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: 		4/20/05		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUM, JOHN		NAME		
STREET ADDRESS	2101 W. PLATT STREET #200		STREET ADDRESS		
CITY- ST- ZIP	TAMPA, FL 33606		CITY- ST- ZIP		
TITLE	VSD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUM, MARTIN		NAME		
STREET ADDRESS	2101 W. PLATT STREET #200		STREET ADDRESS		
CITY- ST- ZIP	TAMPA, FL 33606		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	D KEITH W. KOETTLER	
STREET ADDRESS			STREET ADDRESS	502 N. ARMENIA AVE	
CITY- ST- ZIP			CITY- ST- ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	D WILLIAM TYSON	
STREET ADDRESS			STREET ADDRESS	504 N. ARMENIA AVE	
CITY- ST- ZIP			CITY- ST- ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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 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.					
SIGNATURE: 		4/20/05		813-876-1272	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	