

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90139 046 ****61.25

DOCUMENT # 732588

1. Entity Name
ENVOY POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
5th 4175 East Bay Drive
Suite 205
Clearwater, FL 33764

Mailing Address
4175 East Bay Drive
Suite 205
Clearwater, FL 33764 US

50006955



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1724179

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

RF
5th Community Management Concepts, Inc.
Sth 4175 East Bay Drive Suite 205
Sth Clearwater, FL 33764

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip 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 agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$81.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD
NAME SAINATO, JOHN ☒ Delete
STREET ADDRESS 7100 SUNSET WAY, # 1005 W
CITY-ST-ZIP SAINT PETERSBURG, FL 33706

TITLE PD ☒ Change ☒ Addition
NAME ron Kaedick
STREET ADDRESS 7100 Sunset Way 902-W
CITY-ST-ZIP St. Pete Beach, FL 33706

TITLE VPD
NAME NESPER, JIM ☐ Delete
STREET ADDRESS 88 HALSON PARKWAY E.
CITY-ST-ZIP AMHERST, NY 14051

TITLE D ☐ Change ☒ Addition
NAME James Biddle
STREET ADDRESS 33 Knob Hill Rd.
CITY-ST-ZIP Orchard Park, NY 14127

TITLE TD
NAME EASTERMAN, BLVD ☐ Delete
STREET ADDRESS 7100 SUNSET WAY, # 412W
CITY-ST-ZIP SAINT PETERSBURG, FL 33706

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

TITLE SD
NAME BARSA, CLAUDE ☐ Delete
STREET ADDRESS 7100 SUNSET WAY, #1212W
CITY-ST-ZIP SAINT PETERSBURG BEACH, FL 33706

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

TITLE D
NAME MOHNS, ALAN ☐ Delete
STREET ADDRESS 7100 SUNSET WAY, # 104 E
CITY-ST-ZIP SAINT PETERSBURG, FL 33706

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

TITLE D
NAME DANZIG, MARILYN ☐ Delete
STREET ADDRESS 7100 SUNSET WAY, # 1106 W
CITY-ST-ZIP SAINT PETERSBURG, FL 33706

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

SIGNATURE:

Curtis Von Kaedick

Curtis von Kaedick 1-13-06 727-560-0430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #