

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **737876** (3)  
1. Corporation Name  
**ALDEA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **2100 GULF BLVD. A2 BELLEAIR BCH FL 34635**  
Mailing Address: **%2700 EAST BAY DR SUITE 107 LARGO FL 34641 US**

3. Date Incorporated or Qualified: **01/20/1977**  
3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-1733848**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**COMMONS, RICHARD C.  
2700 EAST BAY DR SUITE 107  
LARGO FL 34641**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: POGUE, BUD STREET ADDRESS: 1393 PINELLAS ROAD CITY-ST-ZIP: BELLEAIR FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: CULP, JAMES H. STREET ADDRESS: 4519 WATROUS AVE CITY-ST-ZIP: TAMPA FL	<input type="checkbox"/> DELETE	2.1 TITLE: P/D 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: MCCORMICK, HUGH STREET ADDRESS: 2100 GULF BLVD A-11 CITY-ST-ZIP: BELLEAIR BCH, FL 0	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: KATZ, MARILYN STREET ADDRESS: 13224 106TH ST. NO. CITY-ST-ZIP: LARGO FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

5.1 TITLE: S/D  
5.2 NAME: JAMES, BILL  
5.3 STREET ADDRESS: 22 LABOGA AVE  
5.4 CITY-ST-ZIP: TAMPA, FL 33606  
6.1 TITLE: D  
6.2 NAME: MILLS, RICHARD  
6.3 STREET ADDRESS: 9183 WATERASH LANE  
6.4 CITY-ST-ZIP: PINELLAS PARK, FL 34666

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James H. Culp* Date: **1-25-96** Daytime Phone #: **813 286 0351**

CR2E037 (12/95)