

1-21-98 D-0002-0  
**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 27 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF REVENUE  
**Sandra B. Moore**  
 Secretary of State  
 DIVISION OF CORPORATIONS

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

Principal Place of Business Mailing Address  
 2100 GULF BLVD. A2 BELLEAIR BCH FL 33785 US  
 %2700 EAST BAY DR SUITE 107 LARGO FL 33771 US

3. Date Incorporated or Qualified  
**01/20/1977**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  
 Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 **2700 EAST BAY DR**  
 22 City & State 27 Suite, Apt. #, etc.  
 23 City & State 28 City & State  
 24 Zip 25 Country 29 Zip 30 Country  
**33786**

9. Name and Address of Current Registered Agent  
**COMMONS, RICHARD C.**  
**2700 EAST BAY DR SUITE 107**  
**LARGO FL 33771**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	MILL, S RICHARD	
STREET ADDRESS	9183 WATERASH LANE	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CULP, JAMES H.	
STREET ADDRESS	4519 WATROUS AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KATZ, MARILYN	
STREET ADDRESS	13224 106TH ST. NO.	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JAMES, BILL	
STREET ADDRESS	22 LADOGA AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOCH, DR. ROBERT	
STREET ADDRESS	2100 GULF BLVD #A-2	
CITY-ST-ZIP	BELLEAIR BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MILLS, RICHARD B.</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>33782</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>33629</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ALFANO, FRANK</b>
3.3 STREET ADDRESS	<b>1610 PINELLAS ROAD</b>
3.4 CITY-ST-ZIP	<b>BELLEAIR, FL 34616</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>33606</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>VD</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<b>33786</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Richard B. Mills* TRES. (813) 531-0424

CFR2037 (10/97)