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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 737876

1. Corporation Name

ALDEA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2100 GULF BLVD. A2  
BELLEAIR BCH FL 33786  
US

Mailing Address

2700 EAST BAY DR  
SUITE 107  
LARGO FL 33771  
US



2. Principal Place of Business

21 2700 EAST BAY DR

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

01/20/1977

22 Suite, Apt. #, etc.

SUITE 107

27 Suite, Apt. #, etc.

4. FEI Number

59-1733848

Applied For  
Not Applicable

23 City & State

LARGO FL.

28 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

24 Zip 33771 25 Country US

29 Zip Country 30

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT  DELETE

NAME MILLS, RICHARD B  
STREET ADDRESS 9183 WATERASH LANE  
CITY-ST-ZIP PINELLAS PARK FL 33782

1.1 TITLE  Change  Addition

TITLE PD  DELETE

NAME CULP, JAMES H.  
STREET ADDRESS 4519 WATROUS-AVE  
CITY-ST-ZIP TAMPA FL 33629

2.1 TITLE  Change  Addition

TITLE D  DELETE

NAME ALFANO, FRANK  
STREET ADDRESS 1610 PINELLAS ROAD  
CITY-ST-ZIP BELLAIR FL 34616

3.1 TITLE  Change  Addition

TITLE SD  DELETE

NAME JAMES, BILL  
STREET ADDRESS 22 LADOGA AVENUE  
CITY-ST-ZIP TAMPA FL 33606

4.1 TITLE  Change  Addition

TITLE VD  DELETE

NAME KOCH, DR. ROBERT  
STREET ADDRESS 2100 GULF BLVD #A-2  
CITY-ST-ZIP BELLEAIR BCH FL 33786

5.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.2 NAME DEL HUMMEL  
5.3 STREET ADDRESS 5320 - 140th AVE. N.  
5.4 CITY-ST-ZIP CLEARWATER FL 33760

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, with all other like empowered.

SIGNATURE:

RICHARD B. MILLS DT 1-14-99 (727) 531-0424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)