

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90036 041 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 737876**

1. Entity Name  
**ALDEA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address

**2700 EAST BAY DR**      **2700 EAST BAY DR**  
**STE 107**      **SUITE 107**  
**LARGO FL 33771**      **LARGO FL 33771-2459**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      **C/O PAREKH, COMMONS C.P.A.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      **2700 EAST BAY DRIVE #107**  
 City & State      City & State

**LARGO, FL**      **LARGO, FL**

Zip      Country      Zip      Country

**33771-2459**      **USA**

4. FEI Number      Applied For

**59-1733848**       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

Name      **James H. Culp**

Street Address (P.O. Box Number is Not Acceptable)

**4519 Watrous Avenue**

City      **Tampa**      FL      Zip Code      **33629**

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.

SIGNATURE: *James H. Culp*      DATE: **4-6-2000**

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

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**FILE NOW: FEE IS \$61.25**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>DT</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLS, RICHARD B</b>	NAME	
STREET ADDRESS	<b>9183 WATERASH LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33782</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CULP, JAMES H.</b>	NAME	
STREET ADDRESS	<b>4519 WATROUS AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES, BILL</b>	NAME	
STREET ADDRESS	<b>22 LADOGA AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUMMEL, DEN.</b>	NAME	<b>VD HUMMEL, DEL</b>
STREET ADDRESS	<b>C/O BWPS-5320-140 AVE N.</b>	STREET ADDRESS	<b>SAME ADDRESS</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33760</b>	CITY-ST-ZIP	
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	
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: *James H. Culp*      DATE: **4-6-2000**      DAYTIME PHONE #: **813/286-0351**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)