

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90289 050 \*\*\*\*61.25

**DOCUMENT # 737876**

1. Entity Name

**ALDEA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2700 EAST BAY DR  
 STE 107  
 LARGO FL 33771  
 US

2700 EAST BAY DR  
 SUITE 107  
 LARGO FL 33771  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1733848**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CULP, JAMES H**  
**4519 WATROUS AVE**  
**TAMPA FL 33629**

Name

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

City

**FL**

Zip Code

B. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Delete
NAME	MILLS, RICHARD B	
STREET ADDRESS	9183 WATERASH LANE	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CULP, JAMES H.	
STREET ADDRESS	4519 WATROUS AVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, JESSE J	
STREET ADDRESS	4520 SWANN AVE	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUMMEL, DEL	
STREET ADDRESS	C/O BWPS-5320-140 AVE N.	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	DVP Changed office---	<input type="checkbox"/> Delete
NAME	KELLER, RICHARD	
STREET ADDRESS	7352 WATER SILK DRIVE	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keller, Richard	
STREET ADDRESS	7352 Water Silk Drive	
CITY-ST-ZIP	Pinellas Park, FL 33782	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McCormick, Hugh	
STREET ADDRESS	2100 Gulf Blvd. #A-11	
CITY-ST-ZIP	Belleair Beach, FL 33786	

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-02 813.286.0351

CR2E037 (9/01)