

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90345 001 ****61.25

DOCUMENT # 737876
 1. Entity Name
ALDEA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **2100 GULF BLVD, BELLEAIR BEACH FL 33786, US**
 Mailing Address: **300 S. DUNCAN AVE, SUITE 220 B, CLEARWATER FL 33755, US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____

Barcode: MOORE CR2E037 (11/03)
 4. FEI Number: **59-1733848**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~CULP, JAMES H
 4519 WATROUS AVE
 TAMPA FL 33629~~ **DELETE**

7. Name and Address of New Registered Agent
 Name: **DR. MICHAEL FLYNN**
 Street Address (P.O. Box Number is Not Acceptable): **2100 GULF BOULEVARD, # A-12**
 City: **BELLEAIR BEACH** FL Zip Code: **33786**

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: *Michael Flynn* **DR. MICHAEL FLYNN, PRESIDENT, BOARD OF DIRECTORS 4-17-2004**
 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
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: DT	NAME: MILLS, RICHARD B	STREET ADDRESS: 9183 WATERASH LANE	CITY-ST-ZIP: PINELLAS PARK FL 33782	<input checked="" type="checkbox"/> Delete
TITLE: PD	NAME: CULP, JAMES H.	STREET ADDRESS: 4519 WATROUS AVE	CITY-ST-ZIP: TAMPA FL 33629	<input checked="" type="checkbox"/> Delete
TITLE: VD	NAME: HUMMEL, DEL	STREET ADDRESS: C/O BWPS-5320-140 AVE N.	CITY-ST-ZIP: CLEARWATER FL 33760	<input type="checkbox"/> Delete
TITLE: SD	NAME: KELLER, RICHARD	STREET ADDRESS: 7352 WATER SILK DRIVE	CITY-ST-ZIP: PINELLAS PARK FL 33782	<input checked="" type="checkbox"/> Delete
TITLE: D/R	NAME: MCCORMICK, HUGH	STREET ADDRESS: 2100 GULF BLVD, #A-11	CITY-ST-ZIP: BELLEAIR BEACH FL 33786	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: T/D	NAME: William m. Stead	STREET ADDRESS: 10141 Belgrave Rd.	CITY-ST-ZIP: Tampa, FL 33626	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P/D	NAME: Dr. Michael Flynn	STREET ADDRESS: 2100 Gulf Blvd., #A-12	CITY-ST-ZIP: Belleair Beach, FL 33786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE:	NAME: Robert Sprague	STREET ADDRESS: 2201 Donato Dr.	CITY-ST-ZIP: Belleair Beach, FL 33786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S/D	NAME: Hugh McCormick	STREET ADDRESS: 2100 Gulf Blvd., #A-11	CITY-ST-ZIP: Belleair Beach, FL 33786	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.
PRESIDENT, BOARD OF DIRECTORS
 SIGNATURE: *Michael Flynn* **DR. MICHAEL FLYNN** 4-17-2004 727.593.3295
 Signature and typed or printed name of signing officer or director Date Daytime Phone #