


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90971 019 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1733848	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country	02162005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FLYNN, MICHAEL DR. 2100 GULF BLVD. #A12 BELLEAIR BEACH, FL 33786			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 			as President		4/28/05
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		DATE
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEAD, WILLIAM M		NAME	Sullivan, Elizabeth	
STREET ADDRESS	10141 BELGRAVE RD.		STREET ADDRESS	465 Pineles Bayway	
CITY-ST-ZIP	TAMPA, FL 33626		CITY-ST-ZIP	Tierra Verde, FL 33715	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, MICHAEL DR.		NAME		
STREET ADDRESS	2100 GULF BLVD., #A12		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMMEL, DEL		NAME		
STREET ADDRESS	C/O BWPS-5320-140 AVE N.		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33760		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARGUE, ROBERT		NAME	Spargue, Robert	
STREET ADDRESS	2201 DONOTO DR.		STREET ADDRESS	2201 Donoto Dr.	
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786		CITY-ST-ZIP	Belleair Beach, FL 33786	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICK, HUGH		NAME		
STREET ADDRESS	2100 GULF BLVD, #A-11		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786		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: 			as President		4/28/05 727 583 3285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #