

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737876

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: ALDEA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2100 GULF BLVD  
BELLEAIR BEACH, FL 33786 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 S. DUNCAN AVE  
SUITE 220 B  
CLEARWATER, FL 33755 US

**New Mailing Address:**

901 N. HERCULES AVE  
SUITE A  
CLEARWATER, FL 33765 US

FEI Number: 59-1733848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLYNN, MICHAEL DR.  
2100 GULF BLVD.  
#A12  
BELLEAIR BEACH, FL 33786 US

**Name and Address of New Registered Agent:**

FLYNN, MICHAEL DR.  
1003 BAY HARBOUR PL.  
TAMPA, FL 33602 US

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: DR. MICHAEL FLYNN

01/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: BUYNACK, DONALD  
Address: 1970 WOODLAND LANE  
City-St-Zip: ARLINGTON HEIGHTS, IL 60004

Title: P ( ) Delete  
Name: FLYNN, MICHAEL DR.  
Address: 1003 BAY HARBOUR PL  
City-St-Zip: TAMPA, FL 33602

Title: VP ( ) Delete  
Name: MCCORMICK, HUGH  
Address: 2100 GULF BLVD, #A-11  
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: T ( ) Delete  
Name: CHASE, BILL  
Address: 1927 SEMINOLE TRAIL  
City-St-Zip: LAKE LAND, FL 33803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. MICHAEL FLYNN

PRES

01/30/2009

Electronic Signature of Signing Officer or Director

Date