2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 737876

1. Entity Name

ALDEA CONDOMINIUM ASSOCIATION, INC.



FILED Feb 24, 2003 8:00 am § Secretary of State

02-24-2003 90946 013 ****61.25

			WE IT				
Principal Pla	ace of Business	Mailing Address					
2700 EAST 6	BAY DR	2700 EAST BAY DR					
STE 107		SUITE 107					
LARGO FL 3	13771	LARGO FL 33771					
US		US				EREN ENERS E	(41 1 1101) (41 1)
	Place of Business	3. Mailing Address	Mailing Address				
	Gulf Blud	300 S. Duncai	1 Ave		rt inner ideri rödlik ditil Glött Sfâtt	0,014 01841 6	; 0) 0 0 1 1 0 1 1 1 1 1
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			HECK HERE IF MAKING	CHANGES	3
		Suite 220	<u>B</u>			011/11/02	•
City & State Belleair Beach, FL		City & State	l '		4. FEI Number 59-1733848 Applied For		
<u>Delleai</u>	r Beach, FL	Clearwater	FL				ot Applicable
Zip 33186	Country	Zip	Country	5. Certificate of Sta	tus Desired	8.75 Ac	ditional
22186		33755	USA	or continuate of old	inda Desired	ee Requir	ed
	6. Name and Address of Curr	rent Registered Agent		7. Name and Addr	ess of New Registered A	gent	
			Name			<u>-</u>	· <u> </u>
	JAMES H		Street Addre	es:(P.O-Box-Number is N	ot Acceptable)		
	ATROUS AVE		Olicel-Addie		vi Uocehistnin)		<u>ــــ ــــ ــــ</u>
Tampa	FL 33629			,			
	•		Cir			I = -	
			City		FL	Zip Cod	ie
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOT	E: Registered Agent signature red	quired when reinstating)	DATE		
· · · · · · · · · · · · · · · · · · ·	and the second of the second						
FILE NOW: FEE IS \$61.25			mpaign Financing			to	
•	. •	Trust Fund (Trust Fund Contribution.		Added to Fees Florida Department of State		
	<u> </u>			l l	•		
10.	OFFICERS AND	***	11.	ADDITIONS/CHANGES	S TO OFFICERS AND DIRE	CTORS IN	V 10
TITLE	DT NULL DIGITARD D	Delete	TITLE			Change	☐ Addition
NAME	MILLS, RICHARD B		NAME				
STREET ADDRESS	A 144 111 11 11 11 11 11 11 11 11 11 11 1		STREET ADDRESS				5
CITY-ST-ZIP	PINELLAS PARK FL 33782		CITY-ST-ZIP				
TTLE	PD	☐ Delete	TITLE			Change	☐ Addition
IAME	CULP, JAMES H.		NAME		•		
STREET ADDRESS	4519 WATROUS AVE		STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33629		CITY-ST-ZIP				
ITLE	VD	Delete	TITLE			7 Change	☐ Addition
IAME	HUMMEL, DEL		NAME			onango	, Addition
TREET ADDRESS	C/O BWPS-5320-140 AVE N.		STREET ADDRESS				
SITY-ST-ZIP	CLEARWATER FL 33760		CITY-ST-ZIP				
ITLE	SD	☐ Delete	TITLE			Change	Addition
IAME	KELLER, RICHARD	55.00	NAME		L	onange	☐ Yaqılığılı
TREET ADDRESS	7352 WATER SILK DRIVE		STREET ADDRESS				,
ITY-ST-ZIP	PINELLAS PARK FL 33782		CITY-ST-ZIP				
ITLE	DVP						
AME	1 0 11	Doloto	1171 E				
		☐ Delete	TITLE			_ Change	☐ Addition
TREET ADDRESS	MCCORMICK, HUGH	☐ Delete	NAME			_} Change	Addition
TREET ADDRESS ITY-ST-ZIP	MCCORMICK, HUGH 2100 GULF BLVD, #A-11	☐ Delete	NAME STREET ADDRESS		[_i Change	Addition
	MCCORMICK, HUGH	☐ Delete	NAME	- 10		Change	Addition

12. I hereby certify that the information supplied with this filling 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 of 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 shap the empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

KICHARO B. MILLS THEA 2-22-03