

FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738099** (1)
1. Corporation Name
CASA DEL MAR #1 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 10033 9TH STREET NORTH, 2ND FLOOR ST PETERSBURG FL 33716	Mailing Address 10033 9TH STREET NORTH, 2ND FLOOR ST PETERSBURG FL 33716
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3. Date Incorporated or Qualified
02/15/1977

4. FEI Number
59-1759785

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**RAMPART PROPERTIES, INC.
10033 9TH STREET NORTH, 2ND FLOOR
ST PETERSBURG FL 33716**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTLEY, GORDON	1.2 NAME	
STREET ADDRESS	10033 9TH ST N	1.3 STREET ADDRESS	10033 Ninth St. N, 2nd Fl.
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	2.2 NAME	
STREET ADDRESS	COULVE, CARL	2.3 STREET ADDRESS	10033 Ninth St. N, 2nd Fl.
CITY-ST-ZIP	10033 9TH ST N	2.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P	3.2 NAME	
STREET ADDRESS	KNEE, RONALD	3.3 STREET ADDRESS	10033 Ninth St. N, 2nd Fl.
CITY-ST-ZIP	10033 9TH ST N	3.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	4.2 NAME	
STREET ADDRESS	Lynn Colson	4.3 STREET ADDRESS	10033 Ninth St. N, 2nd Fl.
CITY-ST-ZIP	6051 SUN BLVD, A 502	4.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S	5.2 NAME	
STREET ADDRESS	LORENZ, RICHARD	5.3 STREET ADDRESS	10033 Ninth St. N, 2nd Fl.
CITY-ST-ZIP	6051 SUN BLVD. #A-215	5.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	6.2 NAME	
STREET ADDRESS	Jim Baresford	6.3 STREET ADDRESS	10033 Ninth St. N, 2nd Fl.
CITY-ST-ZIP	6145 SUN BLVD, B-408	6.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805
	<input type="checkbox"/> DELETE		
	D Jim Schoeny		
	6051 Sun Blvd. A 505		
	St. Petersburg, FL		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

Ronald Knee 2-19-98 (813) 544-2200

CR2E037 (10/97)