

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90026 039 ****61.25

DOCUMENT # 742564

1. Corporation Name

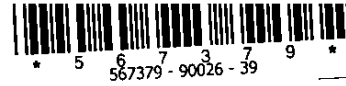
CASA DEL MAR CONDOMINIUM ASSOCIATION NO. 5 OF ST
PETERSBURG, INC.

Principal Place of Business

6279 SUN BLVD
ST PETERSBURG FL 33715
US

Mailing Address

RESOURCE PROPERTY MGMT
148 PINELLAS BAYWAY
HERRA VERDE FL 33713
US



MAY 25 1999

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 6025 SUN BLVD.

27 Suite, Apt. #, etc.

28 ST. PETERSBURG, FL

Zip

Country

29 33715

30 USA

3. Date Incorporated or Qualified

04/25/1978

4. FEI Number

59-1938936

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

THOMAS, DOROTHY
148 PINELLAS BAYWAY
144 PINELLAS BAYWAY
HERRA VERDE FL 33715

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6025 SUN BLVD.

83 SUITE 202

84 City

ST. PETERSBURG

FL

85 Zip Code

33715

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

Dorothy Thomas

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DT
NAME O'NEILL, JOHN
STREET ADDRESS 6279 SUN BLVD #212
CITY-ST-ZIP ST PETERSBURG, FL 00000

☒ DELETE

TITLE D
NAME SHUCKHART, VERNON
STREET ADDRESS 6279 SUN BLVD., #204
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE DP
NAME ORTELEE, MARK
STREET ADDRESS 6279 SUN BLVD #211
CITY-ST-ZIP ST PETERSBURG, FL 00000

☐ DELETE

TITLE DS
NAME WEBB, VERNON
STREET ADDRESS 6279 SUN BLVD #508
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DT
1.2 NAME TALAGA, ED
1.3 STREET ADDRESS 6279 SUN BLVD. #307
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33715

☐ Change ☒ Addition

2.1 TITLE DVP
2.2 NAME SHUCKHART VERNON
2.3 STREET ADDRESS 6279 SUN BLVD. #204
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33715

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE D
5.2 NAME DORSO, ROSITA
5.3 STREET ADDRESS 6287 SUN BLVD. #7
5.4 CITY-ST-ZIP ST. PETERSBURG, FL 33715

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-20-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0053622