## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

750540

## CALADESI PLACE TOWNHOUSE CONDOMINIUM, INC.

Principal Place of Business Mailing Address						8811 41611 B1811 B1811 B	IBIG BIBIS BIBIS SABI	
P O BOX 884 PALM HARBOR FL 34682		P O BOX 884 PALM HARBOR FL 3468	P O BOX 884 PALM HARBOR FL 34682					
						3. Date Incorporated or Qualified 01/09/1980	3a. Date of La 08/14	st Report /1995
2. Princip 21	al Place of Business	2a. Mailing Address 26				4. FÉI Number Applied For 59-2849651 Not Applicable		Applied For Not Applicable
22	Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & :	8 State City & State					Election Campaign Financing     Trust Fund Contribution		.00 May Be ded to Fees
Zip 24	Country 25	Ζφ <b>29</b>	30 Coun	itry		This corporation has liability for in Florida Statutes	ntangible tax under	s. 199.032,
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re	gistered Agent	
i			[+	B1	Name			
BERT M. HAVRILLA 1392 LILLIAN AVE TARPON SPRINGS FL 34689			ļ	B2	Street Addr	ess (P.O. Box Number is Not Acceptable	e)	
			1	вз				
			Ī	B4	City		FL 85	Zıp 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 Signature, byced or printed name of registered agrint and title if applicable (NOTE Registered Agent signature required) when reinstalling)  DATE  ONTE								
12.	OFFICERS AND DIRECTORS 13					ADDITIONS CHANGES TO OFFI		TORS IN 12
TITLE	VD	I		1 I THLE			Chang	e 🔲 Addition
NAME	_			1.2 NAME				
STREET ADDR			1.3 STHEET ADDRESS		ADDRESS			
CITY-ST-ZIP	DUNEDIN FL 34689	<b>D</b>		14 CITY - ST - ZiP				
TITLE	1 -	D DELETE		21 TITLE			☐ Chang	e 🔲 Addition
NAME	SERLETIC, PAUL S		2 2 NAME		ŀ			
STREET ADOR	137 WOODETTE DR DUNEDIN FL 34698		2 3 STREET ADDRESS					
CITY-ST-ZIP TITLE	PTD PTD	PYD			ST-ZIP			
NAME	HAVRILLA, BERT		3.1 TITLE 3.2 NAME				☐ Chang	e 🔲 Addition
STREET ADDR	ACC MICODETTE DO		3.3 STREET ADDRESS		ADDOCCC			
CITY-ST-ZIP	DUNEDIN FL		3 4 CITY-ST-ZIP					
TITLE		DELETE		4.1 TIFLE			Chang	e
NAME			4. 2 NAME				LJ onling	c
STREET ADDR	ESS 4.3		4.3 STR	4.3 STREET ADORESS				
CITY-ST-ZIP	4.4.0		4.4 C(1)	(+ŠI	r-ZIP			
TITLE		☐DELETE 5.11		E.			☐ Chang	e 🔲 Addition
NAME			5.2 NAM	ıε				
STREET ADDR	:SS 53		5.3 STR	EET	ADDRESS			
CITY-ST-ZIP			5.4 CITY	4 CITY - S1 - ZIP				
TITLE				6 1 TITEF		·	☐ Chang	e Addition
NAME			6 2 NAME					
STREET ADOR	ESS				ADDRESS			
14. Ldo b	ereby certify that the information supplies	ad with this filing is voluntarily furnic	64 CHY	( - \$T	r-ZIP	or the exemption stated in Section 119.0	7/0/// 51-24-0	

certify that the information indicated on this annual report or supplemental annual report does not quality for the exemption stated in Section 119.07(3)(k), 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. SI3-738-726-7

SIM Afairie DERT M. HAVRILIA (PRESIDENT) 3/10/46 SAT 10AM

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Priore #