

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 750540
1. Entity Name
CALADESI PLACE TOWNHOUSE CONDOMINIUM, INC.



Principal Place of Business P O BOX 884 PALM HARBOR, FL 34682	Mailing Address P O BOX 884 PALM HARBOR, FL 34682
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2849651	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BRUDANY, MICHAEL
28100 US HWY 19 NORTH #300
CLEARWATER, FL 33761-2655

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

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

110001216787
02/05/05 08:00 015-01-25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FULTZ, ROBERT 191 WOODETTE DRIVE DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRANNER, PEGGY 149 WOODETTE DR. DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP IONOTA, VINCE 131 WOODETTE DR. DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T IOZZI, JEFF 179 WOODETTE DR. DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARR, PATRICK 178 WOODETTE DR. DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or 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 other like empowered.

SIGNATURE: *Robert Fultz* President 2/2/05 7277362970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #