

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90258 017 ****61.25

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01192006 Chg-NP CR2E037 (11/05)

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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2849651	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRUDANY, MICHAEL 28100 US HWY 19 NORTH #300 CLEARWATER, FL 33761-2655			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FULTZ, ROBERT	NAME	SERENA ARMSTRONG		
STREET ADDRESS	191 WOODETTE DRIVE	STREET ADDRESS	107 WOODETTE DR		
CITY-ST-ZIP	DUNEDIN, FL 34698	CITY-ST-ZIP	DUNEDIN FL 34698		
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE			
NAME	BRANNER, PEGGY	NAME			
STREET ADDRESS	149 WOODETTE DR.	STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN, FL 34698	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE			
NAME	IONOTA, VINCE	NAME			
STREET ADDRESS	131 WOODETTE DR.	STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN, FL 34698	CITY-ST-ZIP			
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE			
NAME	IOZZI, JEFF	NAME			
STREET ADDRESS	179 WOODETTE DR.	STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN, FL 34698	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	BARR, PATRICK	NAME			
STREET ADDRESS	178 WOODETTE DR.	STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN, FL 34698	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Robert Fultz Pres</i>		Date: <i>4/29/06</i>		Daytime Phone #: <i>727 7362170</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					