2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 04, 2007 8:00 am Secretary of State

04-04-2007 90174 038 ****61.25

1. Entity Nam	MENT #752684 LODGE CONDOMINIUM A		4003	04-04-2007 901	/4 038 ***	*61.25	
	LAS BAYWAY DE, FL 33715 US	Mailing Address • C/O TVPM 1110 PINELLAS BAYWAY # IIERRA VERDE, FL 33715	1207 US	 			
2. Principal P 360 Suite, Apt.	Pinellas Bayway #, etc.	Suite, Apt. #, etc.	perty Mam	02262007 0		037 (12/06)	
City & State	9	City & State LOSSO F	15/11. #110 C	4. FEI Number 59-216888		Ap	plied For
Zip	Country	^{Zip} 33770	Country 579	5. Certificate of St.	atus Desired	\$8.75 Add	litional
	6. Name and Address of Current R	egistered Agent		7. Name and Add	ress of New Registered	Agent	
	ERDE PROPERTY MANAGEM	ENT	Name L		cato		
I .	LLAS BAYWAY #207 ERDE, FL 33715		Street Address (P.O. Box Number, is Not Acceptable)				
			/3	01 Semino	<u>(و 'الالريم') S</u> FI	Zip Code	// 0
	named entity submits this statement for tions of registered agent.	Moscato	stered office or regist		the State of Ftorida. I am	n familiar with,	and accept
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaid Trust Fund Contr		\$5.00 May Be Added to Fees	Make ched Florida Depa	ck payable to artment of St	
10.	OFFICERS AND DIRE	·····	11.	ADDITIONS/CHANG	ES TO OFFICERS AND D	DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHERFF, GEORGE 1110 PINELLAS BAYWAY #207 TIERRA VERDE, FL 33715	*SL Delete	STREET ADDRESS) B Johansonn C Pincilas Ba FRICA VIRIOE	YWAY #207 FL. 33715	☐ Change	Addition
THTLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SCHNEIDER, DINA 1110 PINELLAS BAYWAY #207 TIERRA VERDE, FL 33715	X Delete	NAME TO STREET ADDRESS	PS OM MORRIS ID PINCILES B IERRA VERDE	344W4Y #207	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FONTANA, MIKE 1110 PINELLAS BAYWAY #207 TIERRA VERDE, FL 33715	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

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 attachingnit with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

C.I	CA	IA7	ги	RF.	

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-SI-ZIP

Marson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

BOD Johansonn/Pres.

Daytime Phone #

☐ Change

☐ Change

☐ Addition

☐ Addition