


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90031 034 \*\*\*\*61.25

DOCUMENT # N03000007638  
 1. Entity Name  
 SCOPELLO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 2352 DREW STREET  
 CLEARWATER, FL 33765

Mailing Address  
 2352 DREW STREET  
 CLEARWATER, FL 33765



2. Principal Place of Business  
 Scopello Condo Assoc, Inc.  
 Suite, Apt. #, etc.  
 2200 Gulf Blvd.  
 City & State  
 Indian Rocks Bch, FL

3. Mailing Address  
 90 Richard Commons, P.A.  
 Suite, Apt. #, etc.  
 300 S. Duncan Ave., #200  
 City & State  
 Clearwater, FL

02062006 Chg-NP CR2E037 (11/05)

4. FEI Number  
 20-0846709

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PATEL, SANDIP ESQ.  
 2352 DREW STREET  
 CLEARWATER, FL 33765

7. Name and Address of New Registered Agent  
 Name  
 Warren Klawiter  
 Street Address (P.O. Box Number is Not Acceptable)  
 2200 Gulf Blvd., Ste. 401  
 City  
 Indian Rks Bch FL Zip Code  
 33785

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 Warren Klawiter DATE 2-15-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.  \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, SANDIP I 2352 DREW STREET CLEARWATER, FL 33765 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Warren Klawiter 2200 Gulf Blvd., #401 Indian Rocks Bch., FL 33785 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GRIECO, DAVID P 2352 DREW STREET CLEARWATER, FL 33765 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Al Noto 2200 Gulf Blvd., #405 Indian Rocks Bch., FL 33785 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bill Zak 15 Park Lane Ct. Williamsville, NY 14221-5018 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joseph Leo 2200 Gulf Blvd., #202 Indian Rocks Bch., FL 33785 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Susanne Silber 2200 Gulf Blvd., #303 Indian Rocks Bch., FL 33785 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with an address, with all other like empowered.

SIGNATURE: Warren Klawiter DATE 2-15-06 DAYTIME PHONE # 727-647-6077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #