


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90077 025 ****61.25

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DOCUMENT # N03000007638					
1. Entity Name SCOPELLO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2200 GULF BLVD. CLEARWATER, FL 33765		Mailing Address C/O RICHARD COMMONS, P.A 300 S. DUNCAN AVE., #220-B CLEARWATER, FL 33755			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0846709	
				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		
KIAWITER, WARREN 2200 GULF BLVD., STE. 401 INDIAN ROCKS BEACH, FL 33785			Name William Zak		
			Street Address (P.O. Box Number is Not Acceptable) 2200 Gulf Blvd., #403		
			City Indian Rocks Beach 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLAWITER, WARREN		NAME		
STREET ADDRESS	220 GULF BLVD., #401		STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785		CITY-ST-ZIP		
TITLE	V P F D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOTO, AL		NAME		
STREET ADDRESS	2220 GULF BLVD., #405		STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785		CITY-ST-ZIP		
TITLE	S P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAK, BILL		NAME	William Zak	
STREET ADDRESS	15 PARK LANE CT		STREET ADDRESS	2200 Gulf Blvd., #403	
CITY-ST-ZIP	BUFFALO, NY 14221		CITY-ST-ZIP	Indian Rocks Beach, FL 33785	
TITLE	D T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEO, JOSEPH		NAME		
STREET ADDRESS	2200 GULF BLVD., #203		STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILBER, SUSANNE		NAME	Patty Dean	
STREET ADDRESS	220 GULF BLVD., #303		STREET ADDRESS	5202 Avenue Lacrosse	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785		CITY-ST-ZIP	Lutz, FL 33549	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Patty Dean</u>			Date: <u>3/13/07</u>		Daytime Phone #: <u>727-729-7601</u>