


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90033 001 \*\*\*\*61.25

**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

40063100



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03272008 Chg-NP CR2E037 (12/06)

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  
 ZAK, WILLIAM  
 2200 GULF BLVD., STE. 403  
 INDIAN ROCKS BEACH, FL 33785

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2008**

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	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOTO, AL			NAME	Noto, Al		
STREET ADDRESS	2220 GULF BLVD., #405			STREET ADDRESS	2200 Gulf Blvd #405		
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785			CITY-ST-ZIP	Indian Rocks Beach, FL 33785		
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZAK, WILLIAM			NAME			
STREET ADDRESS	2200 GULF BLVD, #403			STREET ADDRESS			
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785			CITY-ST-ZIP			
TITLE	Y	<input type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEO, JOSEPH			NAME	Leo, Joseph		
STREET ADDRESS	2200 GULF BLVD., #203			STREET ADDRESS	2200 Gulf Blvd, #202		
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785			CITY-ST-ZIP	Indian Rocks Beach, FL 33785		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEAN, PATTY			NAME			
STREET ADDRESS	5202 AVENUE LACROSSE			STREET ADDRESS			
CITY-ST-ZIP	LUTZ, FL 33549			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Papas, Patricia		
STREET ADDRESS				STREET ADDRESS	1632 Sheridan Road		
CITY-ST-ZIP				CITY-ST-ZIP	N. Chicago, IL 60064		
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:** Joseph Leo, Treasurer **4-5-08** **727-729-7601**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #