

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007638

FILED
Mar 02, 2009
Secretary of State

Entity Name: SCOPELLO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2200 GULF BLVD.
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

C/O RICHARD COMMONS, P.A
300 S. DUNCAN AVE., #220-B
CLEARWATER, FL 33755

New Mailing Address:

C/O RICHARD COMMONS, P.A
901 N. HERCULES AVE SUITE A
CLEARWATER, FL 33765

FEI Number: 20-0846709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NOTO, AL
Address: 2200 GULF BLVD #405
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: P () Delete
Name: ZAK, WILLIAM
Address: 2200 GULF BLVD, #403
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: T () Delete
Name: LEO, JOSEPH
Address: 2200 GULF BLVD #202
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: S () Delete
Name: DEAN, PATTY
Address: 5202 AVENUE LACROSSE
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: PAPAS, PATRICIA
Address: 1632 SHERIDAN ROAD
City-St-Zip: NORTH CHICAGO, IL 60064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DEAN, MICHAEL
Address: 5202 AVENUE LACROSSE
City-St-Zip: LUTZ, FL 33549

Title: D (X) Change () Addition
Name: SALVADORE, MIKE
Address: 9584 COBBLESTONE DR.
City-St-Zip: CLARENCE, NY 14031

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH LEO

T

03/02/2009

Electronic Signature of Signing Officer or Director

Date