


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90051 008 ****61.25

DOCUMENT # N04000009674

1. Entity Name
LAKE BERNADETTE PARCEL 15 COMMUNITY ASSOCIATION, INC.



50012644



Principal Place of Business
2907 BAY TO BAY BLVD.
TAMPA, FL 33629

Mailing Address
2907 BAY TO BAY BLVD.
TAMPA, FL 33629

2. Principal Place of Business - Suite, Apt. #, etc.
Suite 301

3. Mailing Address - Suite, Apt. #, etc.
Suite 301

City & State
Tampa FL

City & State
Tampa FL

Zip
33629

Country
USA

Zip
33629

Country
USA

01052005 Chg-NP CR2E037 (10/03)

4. FEI Number
20-1833288

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/D Peter R. Comeau
STREET ADDRESS	2907 Bay to Bay Blvd, Ste. 301
CITY - ST - ZIP	Tampa, FL 33629
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP/D Constantine Tsamouras
STREET ADDRESS	2907 Bay to Bay Blvd, Ste. 301
CITY - ST - ZIP	Tampa, FL 33629
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S/P/D Daniel Forkell
STREET ADDRESS	2907 Bay to Bay Blvd. Ste. 301
CITY - ST - ZIP	Tampa, FL 33629
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Peter R. Comeau** 1-11-05 **813-835-9200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #