2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2004 8:00 am Secretary of State

| ANNUAL REPURT | | | | | | | Secretary of State | | | | |
|--|---|----------------|--|-----------------------------------|--|----------|--|--|-----------------|--|-----------------------------|
| DOCUMENT # N22474 1. Entity Name LA SAL MOTEL CONDOMINIUM ASSOCIATION, INC. | | | | | | | | 04-22-200 | • | | |
| 530 MANDALAY AVENUE 5 | | | lailing Address 530 MANDALAY AVENUE CLEARWATER BEACH, FL 33767 | | | | ł 1 46 711 31 411 | 17 9 1% (1831 9 181) 18831 81 8 | | 51437 | |
| 2. Principal Place of Business | | 3. Mail | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Su | Suite, Apt. #, etc. | | | | 04132004 | Chg-NP | CR2E | 037 (10/03) | |
| City & State | | Cit | City & State | | | | 4. FEI Numbe 59-2852 | | | | pplied For ot Applicable |
| Zìp , | Country | | • | Count | Country | | 5. Certificate | of Status Desired | | \$8.75 Add Fee Require | |
| | 6 Name and Address of Cur | rent Registere | d Agent | | | 9=- | 7. Name and | Address of New P | legistered | Agent | |
| GIANCOLA, EDWARD E 1567 RIVERDALE DRIVE | | | | | Name Breada Fund Street Address (P.O. Box Number is Not Acceptable) 2181 Chantilly Fund | | | | | | |
| OLDSMAR, FL 34677 | | | | | | | ·iwiju | ely o fo | | | |
| San | | | | | City Dunellin | | | | FI | L Zip Cod | 1.00 |
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registating). DATE Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be | | | | | | | | | | | |
| Due by May 1, 2004 | | | Trust Fund Co | ntribution | | <u> </u> | Added to Fees | Flo | rida Depa | ortment of S | late |
| 10. | PD OFFICERS AN | DIRECTORS | | 11. | | | | ANGES TO OFFICE | :HS AND L | | |
| NAME STREET ADDRESS CITY-ST-ZIP | GINANCOLA, EDWARD 1567 RIVERDALE DR. OLDSMAR, FL 34677 | | ₩ Detete | TITLE NAME STREET CITY-S | - 12 | HAU | SICIENT don . Ch 1 MAY Jaita CS | HARLES CAIR RO SE FL | R. ad 323 | 原Change 30名 | , Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GIANCOLA, EDWARD E 36 CYPRESS DRIVE PALM HARBOR, FL 34684 | | ☑ Delete | TITLE NAME STREET CITY-S | ADDRESS | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD KOENIG, NORBET 44 EILEEN AVENUE PLAINVIEW, NY 11803 | · · | Delete | TITLE NAME STREET CITY-S | ADDRESS T-ZIP | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KANS, BRENDA 2181-CHANTILLY LANE DUNEDIN, FL 34698 | | ☐ Delete | TITLE NAME STREET CITY-S | ADDRESS ST-ZIP | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET CITY-S | ADDRESS | | | | | Change | ☐ Addition |
| <u> </u> | | | | | | | | | | —————————————————————————————————————— | |
| NAME STREET ADDRESS | | | Defete | TITLE NAME STREET | ADDRESS | : | | | | Change | Addition |

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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR HAS 4/19/04 727-447/19/5