

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007638

**FILED**  
**Mar 19, 2014**  
**Secretary of State**  
**CC7067471221**

**Entity Name:** SCOPELLO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2200 GULF BLVD.  
CLEARWATER, FL 33765

**Current Mailing Address:**

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

**FEI Number:** 20-0846709

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title S  
Name PAPAS, PAT  
Address 916 W. OLD MILL RD.  
City-State-Zip: LAKE FOREST IL 60045

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

Title D  
Name LEO, JOSEPH  
Address 2200 GULF BLVD #202  
City-State-Zip: INDIAN ROCKS BEACH FL 33785

Title D  
Name DEAN, MICHAEL  
Address 5202 AVENUE LACROSSE  
City-State-Zip: LUTZ FL 33549

Title T  
Name SPRINGER, RAYMOND  
Address 2200 GULF BLVD #406  
City-State-Zip: INDIAN ROCKS BEACH FL 33785

*I hereby 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 all other like empowered.*

**SIGNATURE:** RAYMOND SPRINGER

**TREASURER**

**03/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date