## **FILED**

## Feb 27, 1999 8:00 am Secretary of State

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## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



1999

FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 728801

1. Corporation Name

DEL PRADO IMPERIAL ASSOCIATION, INC.

Principal Place	e of Business	Mailing Address				•			
13523 CORDOV	A DR	13523 CORDOVA DR							<b>e</b> ri <b>a</b> ( <b>a</b> ( <b>a ) a ( a ) a</b>
LARGO FL 337	74	LARGO FL 33774							
บร		US			1	i 1881it 18818 itabi 1818i taku sala	i iiki binii ninii	BiBil BiBil Bil	T// E/E// IST/
2 Principal P	lace of Business	2a. Mailing Address			3.	Date Incorporated or Qualifed			
— ·	lace of business	26				02/13/1974			1
Suite, Apt. #, etc.		Suite, Apt. #, etc.				4. FEI Number Applied For			
22		27				23-7422283 Not Applicable			ot Applicable.
City & State		City & State			Oracido de of Otabua Danisad		\$8.75	Additional	
23		28		<b>5.</b>	Certificate of Status Desired		Fee R	equired	
Zip	Country	Zip	Country		6.	Election Campaign Financing	П	\$5.00	May Be
24	25	29 30	1			Trust Fund Contribution		Added	to Fees
	9. Name and Address of Curren	t Registered Agent			10.	Name and Address of New	Registered A	lgent	
			81	Name					į
CANNISTRARO, BOB				Street A	Address (P.	O. Box Number is Not Accept	able)		
	RDOVA DR.		82 Street						
LARGO FL	· · · · · · · · · · · · · · · · · · ·		83		_				1
	. 30/14		84	City	<del></del>			85 Zip	Code
			04	City			FL	65   Zip	0000
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes,	the abov	e-named c	corporation	submits this statement for the	purpose of o	hanging its	s registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such change was autho	anzed by	the comor	oration's bo	ard of directors. I hereby acce	pt the appoin	imeni as re	egistered
	III IZIMilai Willi, and accept the obliga-	1010 01, 00010 011,0000, 110	4.4						
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE: Reg	istered Age	nt signature rec	equired when re	instating)	DATÉ		
12.	OFFICERS AN	D DIRECTORS	13.			DDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PD	☐ DELETE	1.1 TITLE		SÞ			Change	
NAME	CANNISTRARO, BOB		1.2 NAME	1	WALTO	N, BILL O DELPRADO DR U			l l
STREET ADDRESS	13523 CORDOVA DRIVE		1.3 STREE	ADDRESS			•		
CITY-ST-ZIP	LARGO FL 33774		1.4 CITY-S	T-ZIP		o, FL 33774			
TITLE	APYD CYNA	☐ DELETE	2.1 TITLE	···	TD			☐ Change	Addition
NAME	BALAITY, DAVID		2.2 NAME		RATH	DON ANDOVA DRIVE			\$
STREET ADDRESS		•	2.3 STREE	TADDRESS	13579	ANDOVA DRIVE			
CITY-ST-ZIP	LARGO FL 33774		2.4 CITY-5	ST-ZIP	LARG	0. FL. 33774	~	~	<u></u> ·
TITLE	VD	☐ DELETE	31 TITLE			<del></del>		☐ Change	Addition
NAME	CHAPLE, SAM		3.2 NAME						
STREET ADDRESS	<u> </u>		3.3 STREE	TADORESS					}
CITY-ST-ZIP	LARGO FL 33774		3.4. CITY-5	ST-ZIP					
TITLE	( = 1 · - 7 · 5 · 5 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1	☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREE	T ADORESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						Ì
STREET ADDRESS			5.3 STREE	TADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	l				
TITLE		☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME			6.2 NAME						
STREET ADDRESS		}	6.3 STREE	TADORESS					]
١ ،			6.4 CITY-S	i					
CITY-ST-ZIP	İ			L					

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

727) 539-4487