

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90092 027 ****61.25

DOCUMENT # 737876

1. Entity Name
ALDEA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2100 GULF BLVD
BELLEAIR BEACH, FL 33786 US

Mailing Address
300 S. DUNCAN AVE
SUITE 220 B
CLEARWATER, FL 33755 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1733848

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLYNN, MICHAEL DR.
2100 GULF BLVD.
#A12
BELLEAIR BEACH, FL 33786

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☒ Delete
NAME SULLIVAN, ELIZABETH
STREET ADDRESS 2100 GULF BLVD #A9
CITY-ST-ZIP BELLEAIR BEACH, FL 33786

TITLE S ☐ Change ☒ Addition
NAME Donald Buynack
STREET ADDRESS 1970 Woodland Lane
CITY-ST-ZIP Arlington Heights, IL 60004

TITLE P ☐ Delete
NAME FLYNN, MICHAEL DR.
STREET ADDRESS 1003 BAY HARBOUR PL
CITY-ST-ZIP TAMPA, FL 33602

TITLE T ☐ Change ☒ Addition
NAME Bill Chase
STREET ADDRESS 1927 Seminole Trail
CITY-ST-ZIP Lakeland, FL 33803

TITLE O ☒ Delete
NAME HUMMEL, DEL
STREET ADDRESS C/O ZEPF TECHNOLOGY 55320 140TH AVE NE
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME MCCORMICK, HUGH
STREET ADDRESS 2100 GULF BLVD, #A-11
CITY-ST-ZIP BELLEAIR BEACH, FL 33786

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WOLLETT, NANCY
STREET ADDRESS 6950 SE 12TH TERR
CITY-ST-ZIP OCALA, FL 34480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]

3-26-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #