


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90033 009 \*\*\*\*61.25

<b>DOCUMENT # 737876</b>	
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
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40000000



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03272008 Chg-NP CR2E037 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 59-1733848	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
FLYNN, MICHAEL DR. 2100 GULF BLVD. #A12 BELLEAIR BEACH, FL 33786	

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 reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	S
NAME	BUYNACK, DONALD
STREET ADDRESS	1970 WOODLAND LANE
CITY-ST-ZIP	ARLINGTON HEIGHTS, IL 60004
TITLE	P
NAME	FLYNN, MICHAEL DR.
STREET ADDRESS	1003 BAY HARBOUR PL
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	MCCORMICK, HUGH
STREET ADDRESS	2100 GULF BLVD, #A-11
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786
TITLE	D
NAME	WOLLETT, NANCY
STREET ADDRESS	6950 SE 12TH TERR
CITY-ST-ZIP	OCALA, FL 34480
TITLE	T
NAME	CHASE, BILL
STREET ADDRESS	1927 SEMINOLE TRAIL
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP
NAME	Mcormick, Hugh
STREET ADDRESS	2100 Gulf Blvd., A-11
CITY-ST-ZIP	Belleair Beach, FL 33786
TITLE	D
NAME	Overstreet, Cary
STREET ADDRESS	16358 Heathrow Dr
CITY-ST-ZIP	Tampa, FL 33647
TITLE	
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: Micah P. Ben 4/6/08 813-223-5838  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #