

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737876

FILED
Jan 30, 2009
Secretary of State

Entity Name: ALDEA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2100 GULF BLVD
BELLEAIR BEACH, FL 33786 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

901 N. HERCULES AVE
SUITE A
CLEARWATER, FL 33765 US

FEI Number: 59-1733848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FLYNN, MICHAEL DR.
1003 BAY HARBOUR PL.
TAMPA, FL 33602 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: DR. MICHAEL FLYNN

01/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BUYNACK, DONALD
Address: 1970 WOODLAND LANE
City-St-Zip: ARLINGTON HEIGHTS, IL 60004

Title: P () Delete
Name: FLYNN, MICHAEL DR.
Address: 1003 BAY HARBOUR PL
City-St-Zip: TAMPA, FL 33602

Title: VP () Delete
Name: MCCORMICK, HUGH
Address: 2100 GULF BLVD, #A-11
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: T () Delete
Name: CHASE, BILL
Address: 1927 SEMINOLE TRAIL
City-St-Zip: LAKE LAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DR. MICHAEL FLYNN

PRES

01/30/2009

Electronic Signature of Signing Officer or Director

Date