FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:19

DOCUMENT # **742565** **(5)**

1. Corporation Name

CASA DEL MAR CONDOMINIUM ASSOCIATION NO. 4 OF ST PETERSBURG, INC.

Principal Place of Business	Mailing Address
4 OF ST. PETERSBURG, INC. 5901 SUN BOULEVARD, SUITE 200 ST. PETERSBURG FL 33715	4 OF ST. PETERSBURG, INC. 5901 SUN BOULEVARD, SUITE 200 ST. PETERSBURG FL 33715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1978
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-2020444 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 5901 Sun Blvd., Suite 203	Suite, Apt. #, etc. 27 5901 Sun Blvd., Suite 203
City & State 23	City & State 28
Zip 24	Country 25 Pinellas
Zip 29	Country 30 Pinellas

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NEWTON, WILLIAM C. 5901 SUN BOULEVARD, SUITE 200 ST. PETERSBURG FL 33715	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5901 Sun Blvd., Suite 203 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	RYAN, BOB	12 NAME	
STREET ADDRESS	6265 SUN BLVD, G-504	13 STREET ADDRESS	5901 Sun Blvd., #203
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE	TD	21 TITLE	V/D ☐ Change ☐ Addition
NAME	POOLER, VICTOR	22 NAME	
STREET ADDRESS	6265 SUN BLVD, G-105	23 STREET ADDRESS	5901 Sun Blvd., #203
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE	SD	31 TITLE	S/D ☐ Change ☐ Addition
NAME	MENNE, DAVID	32 NAME	CORVESE, ERNEST
STREET ADDRESS	6265 SUN BLVD, G-103	33 STREET ADDRESS	5901 Sun Blvd., #203
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE	VPD	41 TITLE	V/D ☐ Change ☐ Addition
NAME	MCGUIRE, CARLTON	42 NAME	SNARSKIS, SHARON
STREET ADDRESS	6265 SUN BLVD, 6-315	43 STREET ADDRESS	5901 Sun Blvd., #203
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE	DVP	51 TITLE	T/D ☐ Change ☐ Addition
NAME	WEAVER, PAUL	52 NAME	CHRISTENSEN, RAY
STREET ADDRESS	5901 SUN BLVD STE 203	53 STREET ADDRESS	5901 Sun Blvd., #203
CITY-ST-ZIP	ST PETERSBURG, FL 00000	54 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE	DVP	61 TITLE	N/A ☐ Change ☐ Addition
NAME	BURGESS, JOSEPH	62 NAME	N/A
STREET ADDRESS	5901 SUN BLVD STE 203	63 STREET ADDRESS	N/A
CITY-ST-ZIP	ST PETERSBURG FL	64 CITY-ST-ZIP	N/A

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Ray Christensen 4/12/95 813-866-3115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ray Christensen

0014788