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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **742565**

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 BLVD SUITE 203 ST. PETERSBURG FL 33715 US	4 OF ST. PETERSBURG. INC. 5901 SUN BLVD SUITE 203 ST. PETERSBURG FL 33715 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/25/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2020444 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

NEWTON, WILLIAM C.
5901 BLVD SUITE 203
ST. PETERSBURG FL 33715

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RYAN, BOB		1.2 NAME		
STREET ADDRESS	5901 SUN BLVD 203		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	2VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FLORE, RICHARD		2.2 NAME		
STREET ADDRESS	5901 SUN BLVD 203		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE	1VPD	☑ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	COVERSE, ERNEST		3.2 NAME	BENGT HOLMGREN	
STREET ADDRESS	5901 SUN BLVD 203		3.3 STREET ADDRESS	5901 Sun Blvd #203	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	ST PETERSBURG, FL 33715	
TITLE	T	☐ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	PETER BOND		4.2 NAME	VICTOR POOLER	
STREET ADDRESS	5901 SUN BLVD, SUITE 203		4.3 STREET ADDRESS	5901 SUN BLVD., #203	
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE	S	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT KALEE		5.2 NAME		
STREET ADDRESS	5901 SUN BLVD 203		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 00000		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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: SIGNATURE REQUIRED 3/11/99 727 8643135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT E. RYAN