2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742565

1. Entity Name

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



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90093 039 ****61.25



			🛰	WE THE					
Principal P	lace of Business	Mailing Address			7				
	ETERSBURG, INC.	4 OF ST. PETERSBURG, I	NC.						
	BURG FL 33715	5901 SUN BLVD SUITE 20	901 SUN BLVD SUITE 203						
US	DUNG FL 33715	ST. PETERSBURG FL 3379 US	15			4E4E 11E61 E111 E 611 E			
	If Place of Business						DIÝ! BYÐ!) BYÐ!I ÐIÐIY ÐI		
	¿	3. Mailing Address							
Suite, A	pt. #, etc.	Suite, Apt. #, etc.			_	2		., 4(2), 4/81/ /54(
		Suite, Apr. #, etc.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			CHECK HERE IF	F MAKING CHAN	BES	
City & St	tate	City & State	City & State		4. FEI Number 59-2020444 Applie			T	
					4. PEL Number 5	9-2020444	-	Applied For	
Zip	Country	Zip	Country		 			Not Applicat	ж
					5. Certificate of S	tatus Desired	□ \$0.75 Fee Red	Additional uired	ı
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Re			ᅱ
NEVEO			Name						\neg
	N, WILLIAM C.	Street	Street Address (P.O. Box Number is Not Acceptable)						
	VD SUITE 203		- Carock	Circle Address (1.0. Box Number is Not Acceptable)					ľ
31. Pt1	ERSBURG FL 33715					-	· · · · · · · · · · · · · · · · · · ·		\dashv
	•		City			_			_
· ·								Code	
 the obligation 	ve named entity submits this statement for ations of registered agent.	r the purpose of changing its	registered office	or register	red agent, or both, in	the State of Florid	da. I am familiar w	rith, and acced	,
tric obliga								and dood	`
	•								
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable ANOTE	- Barian III						ı
·		(NOTE	E: Registered Agent sign	iture required	1 when reinstating)		DATE		
~ ~ ~	e le grande de la companya della companya della companya de la companya della com	,	<u>-</u>						\dashv
	FILE NOW: FEE IS \$61.25	9Election Can	npaign Financing	_i .	\$5.00 May Be	Make	Check Payab	le to	1
		Trust Fund C	ontribution.		Added to Fees	Florida	Department of	f State	
10.	OFFICERS AND DIR	ECTORS	11,		ADDITIONS (OLIVATION				
TITLE	VPD	☐ Delete	TITLE	7	ADDITIONS/CHANGE	S TO OFFICERS			⅃,
NAME	RIXON, ROBERT	□ Delete	NAME				☐ Chan	je 🗌 Additio	ո §
STREET ADDRESS	5901 SUN BLVD 203		STREET ADDRESS						- [;
CITY-ST-ZIP	SAINT PETERSBURG FL 33715		CITY-ST-ZIP						
TITLE	D	□ Delete	TITLE	 					_ i
NAME	FLORE, RICHARD		NAME	!			☐ Chang	e 🗌 Additio	۱ و
STREET ADDRESS	5901 SUN BLVD 203		STREET ADDRESS						-
CITY-ST-ZIP	SAINT PETERSBURG FL 33715	رسوي والاساركية يهدانا المحاد	CITY-ST-ZIP						1
TITLE	D	☐ Delete	TITLE	-	·	-			4
NAME	MULLEN, DIÇK		NAME				☐ Chang	e 🔲 Addition	1
STREET ADDRESS	5901 SUN BLVD 203		STREET ADDRESS						
CITY-ST-ZIP	SAINT PETERSBURG FL 33715	<u></u>	CITY-ST-ZIP						
TITLE	TRS	☐ Delete	TITLE				Chang	e ☐ Addition	\dashv
NAME	POOLER, VICTOR		NAME					AUGITION	'
STREET ADDRESS	5901 SUN BLVD., #203		STREET ADDRESS						
CITY-ST-ZIP	SAINT PETERSBURG FL 33715		CITY-ST-ZIP						
TTLE	PD	☐ Delete	TITLE		<u> </u>		Change	Addition	-
IAME	RICHARDS, GALEN		NAME				<u> —</u> спапу	Addition	
TREET ADDRESS CITY-ST-ZIP	5901 SUN BLVD 203		STREET ADDRESS						
	SAINT PETERSBURG FL 33715		CITY-ST-ZIP						1
ITLE	<u>.</u>	☐ Delete	TITLE			 	☐ Change	Addition	1
AME TREET ADDRESS			NAME				Ominge	Addition	1
TREET ADDRESS	•		STREET ADDRESS						
., 0, 21			CITY-ST-ZIP						1

12. 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 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

SIGNATURE:

1/14/03