2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 750540

1. Entity Name
CALADESI PLACE TOWNHOUSE CONDOMINIUM, INC.

Principal Place of Business
P O BOX 884
PALM HARBOR, FL 34682

Mailing Address
P O BOX 884
PALM HARBOR, FL 34682

01192005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2849651

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRUDANY, MICHAEL
28100 US HWY 19 NORTH #300
CLEARWATER, FL 33761-2655

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100001216797
02/15/05 00403 015 **61.25**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FULTZ, ROBERT
STREET ADDRESS	191 WOODETTE DRIVE
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	S
NAME	BRANNER, PEGGY
STREET ADDRESS	149 WOODETTE DR.
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	VP
NAME	IONOTA, VINCE
STREET ADDRESS	131 WOODETTE DR.
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	T
NAME	IOZZI, JEFF
STREET ADDRESS	179 WOODETTE DR.
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	BARR, PATRICK
STREET ADDRESS	178 WOODETTE DR.
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: President 2/2/05 7273621210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #