

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750540

FILED
Feb 02, 2009
Secretary of State

Entity Name: CALADESI PLACE TOWNHOUSE CONDOMINIUM, INC.

Current Principal Place of Business:

P O BOX 884
PALM HARBOR, FL 34682

New Principal Place of Business:

131 - 191 WOODETTE DR
DUNEDIN, FL 34698

Current Mailing Address:

P O BOX 884
PALM HARBOR, FL 34682

New Mailing Address:

FEI Number: 59-2849651 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BRUDANY, MICHAEL
200 PINE ST.
STE A
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: FULTZ, ROBERT
Address: 191 WOODETTE DR
City-St-Zip: DUNEDIN, FL 34698

Title: P () Delete
Name: IONATA, SIREENA
Address: % 131 WOODETTE DR
City-St-Zip: FPO, AA 34098

Title: T () Delete
Name: IONATA, VINCE
Address: 131 WOODETTE DR
City-St-Zip: DUNEDIN, FL 34698

Title: VP () Delete
Name: BRENNER, PEGGY
Address: 149 WOODETTE DR.
City-St-Zip: DUNEDIN, FL 34698

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: FULTZ, ROBERT
Address: 191 WOODETTE DR
City-St-Zip: DUNEDIN, FL 34698

Title: P (X) Change () Addition
Name: IONATA, SIRENA
Address: 131 WOODETTE DR
City-St-Zip: DUNEDIN, FL 34698

Title: D (X) Change () Addition
Name: IONATA, VINCE
Address: 131 WOODETTE DR
City-St-Zip: DUNEDIN, FL 34698

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

Title: D () Change (X) Addition
Name: BARR, PATRICK
Address: 173 WOODETTE DR
City-St-Zip: DUNEDIN, FL 34698

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: BOB FULTZ

T

02/02/2009

Electronic Signature of Signing Officer or Director

Date