

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90026 007 ****61.25

DOCUMENT # 751374 1. Entity Name SCOTTISH TOWERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business INC. 464 N PAULA DR DUNEDIN, FL 34698			Mailing Address INC. 464 N PAULA DR DUNEDIN, FL 34698		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1977516	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CIANFRONE, JOSEPH R. P.A. 1964 BAYSHORE BLVD DUNEDIN, FL 34698				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing)					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GATES, LESTER 464 N PAULA DR STE 116 DUNEDIN, FL 34698 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIGBY, RICHARD 464 PAULA DRIVE N #218 DUNEDIN, FL 34698 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONASORO, SALVATORE 464 PAULA DRIVE #223 DUNEDIN, FL 34698 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPENTER, RICHARD 1545 CUMBERLAND CT PALM HARBOR, FL 34683 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARIANE, CURT 464 PAULA DR #309 DUNEDIN, FL 34698 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKINNEY, ALICE 464 PAULA DR #211 DUNEDIN, FL 34698 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOEHLE, KEN 2202 ROCK NE DR. SOUTH BEND, IN 46615 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Lester T. Gates</u> / LESTER T. GATES 7/3/06 727-734-2993 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					