

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 24 AM 11:32

DOCUMENT # 755591 (5)

1. Corporation Name
CALAIS VILLAGE CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **5729-1 CALAIS BLVD. ST PETERSBURG FL 33714**
Mailing Address: **BAY AREA MANAGEMENT P. O. BOX 274203 TAMPA FL 33698-4203 US**

3. Date Incorporated or Qualified: **12/18/1980**
3a. Date of Last Report: **03/28/1994**
4. FEI Number: **59-2020909**
Applied For:
Not Applicable:

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PANAGOSSI GERALD
18413 CANARY LANE
LUDZ FL 33549**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DP
NAME: **FIORENTINO, PAT**
STREET ADDRESS: **5733-1 CALAIS RD.**
CITY - ST - ZIP: **ST. PETERSBURG FL**

VPD
NAME: **KELLER, DEAN**
STREET ADDRESS: **6117-3 CALAIS BLVD.**
CITY - ST - ZIP: **ST PETERSBURG, FL 00000**

SD
NAME: **CASTARO, PAULA**
STREET ADDRESS: **6117-2 CALAIS BLVD.**
CITY - ST - ZIP: **ST PETERSBURG, FL 00000**

TD
NAME: **PARKER, NELAH**
STREET ADDRESS: **5729-8 CALAIS BLVD.**
CITY - ST - ZIP: **ST. PETERSBURG FL**

D
NAME: **ENNEKING, THOMAS**
STREET ADDRESS: **5865-3 CALAIS BLVD.**
CITY - ST - ZIP: **ST. PETERSBURG FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 my initials.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature] **1-18-95** **813-526-3903**