

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755591 (5)
1. Corporation Name
CALAIS VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**5729-1 CALAIS BLVD.
ST PETERSBURG FL 33714**

Mailing Address
**BAY AREA MANAGEMENT
P. O. BOX 274203
TAMPA FL 33688-4203
US**



2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country

3. Date Incorporated or Qualified
12/18/1980

4. FEI Number
59-2020909

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**PANAGOSSI GERALD
18413 CANARY LANE
LUDZ FL 33549**

10. Name and Address of New Registered Agent
81 Name **BAY AREA MANAGEMENT Services**
82 Street Address (P.O. Box Number is Not Acceptable)
9896 Bridgeway Dr
83
84 City **TAMPA** FL 85 Zip Code **33626**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

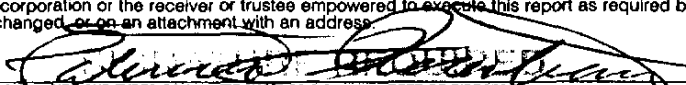
12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FIorentino, PAT	
STREET ADDRESS	5733-1 CALAIS RD.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VPO	<input checked="" type="checkbox"/> DELETE
NAME	KELLER, DEAN	
STREET ADDRESS	6117-3 CALAIS BLVD.	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CASTARO, PAULA	
STREET ADDRESS	6117-2 CALAIS BLVD.	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCAULEY, DONNA	
STREET ADDRESS	5732-8 CALAIS BLVD.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRETT, LOUISE	
STREET ADDRESS	5729-8 CALAIS ROAD	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VPO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Parker, Nelah	
2.3 STREET ADDRESS	5728-8 Calais Blvd	
2.4 CITY-ST-ZIP	St Petersburg, FL 33714	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Barrett Louise	
3.3 STREET ADDRESS	5729-8 Calais Blvd	
3.4 CITY-ST-ZIP	St Petersburg, FL 33714	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Thompson, John	
5.3 STREET ADDRESS	5733-8 Calais Blvd	
5.4 CITY-ST-ZIP	St Petersburg, FL 33714	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 an address.

SIGNATURE:  03/13/98

CR2E037 (10/97)