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Mar 05, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

03-05-1999 90090 041 ***61.25

DOCUMENT # 755591

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	BAY Area Management Services	12/18/1980	
Suite, Apt. #, etc.		Suite/Apt. #, etc.		4. FEI Number	
22		27	620 Bypass Dr.	59-2020909	Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28	Clearwater, FL	\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29	33764	\$5.00 May Be Added to Fees	
Country		Country			
25		30	Pineellas		

9. Name and Address of Current Registered Agent

BAY AREA MANAGEMENT SERVICES
9846 BRIDGETON DR.
TAMPA FL 33628

10. Name and Address of New Registered Agent

81 Name BAY Area Management Services
82 Street Address (P.O. Box Number is Not Acceptable) 620 Bypass Drive
83 Clearwater, FL
84 City 33760
85 Zip Code FL 33760

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 ROBERT T PANAGROSSI (NOTE: Registered Agent signature required when reinstating) Robert Panagrossi DATE 3/18/99

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	VPD	<input type="checkbox"/> DELETE
NAME	PARKER, NElAH	
STREET ADDRESS	5728-8 CALAIS BLVD	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARRETT, LOUISE	
STREET ADDRESS	5729-8 CALAIS BLVD	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MCAULEY, DONNA	
STREET ADDRESS	5732-8 CALAIS BLVD.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARRETT, LOUISE	
STREET ADDRESS	5729-8 CALAIS ROAD	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, JOHN	
STREET ADDRESS	5733-2 CALAIS BLVD	
CITY-ST-ZIP	ST PETERSBURG FL 33714	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAVIS, DANIEL	
4.3 STREET ADDRESS	5744-5 CALAIS BLVD	
4.4 CITY-ST-ZIP	St Petersburg, FL 33714	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE: Robert Panagrossi SIGNATURE REQUIRED DATE 3/29/99 DAYTIME PHONE # 727-535-5403

CR2E037 (1/98)