

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90009 016 ****62.25

DOCUMENT # 755591

1. Entity Name

CALAIS VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5729-1 CALAIS BLVD.
 ST PETERSBURG FL 33714

BAY AREA MANAGEMENT SERVICES
 620 BYPASS DR.
 CLEARWATER FL 33764-5024
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2020909

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAY AREA MANAGEMENT SERVICES
620 BYPASS DRIVE
CLEARWATER FL 33760

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| 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, NELLAH | |
| 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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | DAVIS, DANIEL | |
| STREET ADDRESS | 5744-S CALAIS BLVD | |
| CITY-ST-ZIP | ST PETERSBURG FL 33714 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | THOMPSON, JOHN | |
| STREET ADDRESS | 5733-2 CALAIS BLVD | |
| CITY-ST-ZIP | ST PETERSBURG FL 33714 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Rosemary Domaddei | |
| STREET ADDRESS | 5861 CALAIS BLVD #1 | |
| CITY-ST-ZIP | St Petersburg, FL 33714 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FRANK HAKLER | |
| STREET ADDRESS | 5756 CALAIS BLVD #3 | |
| CITY-ST-ZIP | St Petersburg, FL 33714 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 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: *Neal PANAROSSI*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 01/25/00
 Daytime Phone #: 727-535-540