

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

0063716

DOCUMENT # 755591

03-30-2001 90332 024 ****61.25

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~~
~~US~~

A0039477



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10033 9th ST. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd FLOOR

City & State

City & State

ST PETERSBURG, FL

4. FEI Number

59-2020909

Applied For

Not Applicable

Zip

Country

Zip

Country

33714

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

Rampart Properties

Street Address (P.O. Box Number is Not Acceptable)

10033 9th St. N, 2nd FL

City

St. Petersburg,

FL

Zip Code

33716

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

Bill K. Quinn

3.28.01

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 NAME STREET ADDRESS CITY-ST-ZIP	DP FIORENTINO, PAT 5700 1 CALAIS RD. ST. PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PARKER, NELLAH 5720 8 CALAIS BLVD. ST PETERSBURG FL 89714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARRETT, LOUISE 5729-8 CALAIS BLVD ST PETERSBURG FL 33714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMATTEIS, ROSEMARY 5861 CALASS BLVD # 1 ST PETERSBURG FL 33714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAKLER, FRANK 5758 CALAIS BLVD # 3 ST PETERSBURG FL 33714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10033 9th St. N, 2nd FL 33716	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D 10033 9th St. N, 2nd FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD John Thompson 10033 9th St. N. 2nd FL St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Robert Todd 10033 9th St. N, 2nd FL St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10033 9th St. N, 2nd FL 33716	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Patricia Fiorentino

3/23/2001

(727) 577-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (10/00)