


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90001 035 ****61.25

DOCUMENT # 755591					
1. Entity Name CALAIS VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5729-1 CALAIS BLVD. ST PETERSBURG, FL 33714			Mailing Address 5901 SUN BLVD STE 200 SAINT PETERSBURG, FL 33715 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 <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WAYNE, CHRISTINE 5901 SUN BLVD SUITE 200 SAINT PETERSBURG, FL 33715				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	Edith M. Gomez-VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAKLER, DONNA JEAN		NAME	5728 Calais Blvd #4	
STREET ADDRESS	5769 CALAIS BLVD #4		STREET ADDRESS	St Petersburg, FL 33714	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714		CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	Dawn Carlson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUNNINGHAM, THOMAS		NAME	5729 Calais Blvd #1	
STREET ADDRESS	5943 CALAIS BLVD #11		STREET ADDRESS	St Petersburg FL 33714	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	Daniel DiNicolantonio	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DYER, FLOSSIE <i>President</i>		NAME	5729 Calais Blvd #3	
STREET ADDRESS	5943 CALAIS BLVD #3		STREET ADDRESS	St Petersburg, FL 33714	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714		CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	Paula Castora	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNEY, EDWARD		NAME	6117 Calais Blvd #2	
STREET ADDRESS	5756 CALAIS BLVD #4		STREET ADDRESS	St Petersburg, FL 33714	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Martha Buck	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKS, SHUFORD		NAME	5780 Calais Blvd #1	
STREET ADDRESS	5861 CALAIS BLVD #4		STREET ADDRESS	St Petersburg, FL 33714	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	16m Mills	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAY, ROY		NAME	5732 Calais Blvd #7	
STREET ADDRESS	5768 CALAIS BLVD #1		STREET ADDRESS	St Petersburg, FL 33714	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714		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: <i>Flossie M. Dyer</i>		3/4/04		(727) 864-0004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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01082004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2020909

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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SIGNATURE: *Flossie M. Dyer* 3/4/04 (727) 864-0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #