


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90091 020 ****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 Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	VP GOMEZ, EDITH M 5728 CALAIS BLVD N #4 SAINT PETERSBURG, FL 33714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Susanna Yonce 5943 Calais Blvd #12 St. Petersburg, FL 33714	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, DAWN 5729 CALAIS BLVD #1 SAINT PETERSBURG, FL 33714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paul Kemper 5943 Calais Blvd #6 St Petersburg, FL 33714	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DYER, FLOSSIE 5943 CALAIS BLVD #3 SAINT PETERSBURG, FL 33714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Joanne Skrodenis 5943 Calais Blvd #10 St Petersburg, FL 33714	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTORA, PAULA 6117 CALAIS BLVD #2 SAINT PETERSBURG, FL 33714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUCK, MARTHA 5780 CALAIS BLVD #1 SAINT-PETERSBURG, FL 33714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLS, TOM 5732 CALAIS BLVD #7 SAINT PETERSBURG, FL 33714	<input type="checkbox"/> Delete	TITLE 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: <i>Flossie M. Dyer</i>			Date: <i>2/22/05</i>		Daytime Phone #: <i>927 522 2489</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #