


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90031 040 ****61.25

DOCUMENT # 757793	
1. Entity Name 700 WEST CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 19700 GULF BLVD INDIAN SHORES, FL 33785	Mailing Address 300 S. DUNCAN AVE. SUITE 220B CLEARWATER, FL 33755 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03272008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2166657	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	
SUOZZI, JOSEPH 19700 GULF BLVD. #501 INDIAN SHORES, FL 33785	

7. Name and Address of New Registered Agent	
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 _____
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Filing Fee is \$61.25 Due by May 1, 2008		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	VD	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, HARRY	NAME	Zugay, Laurie	
STREET ADDRESS	19700 GULF BLVD., #403	STREET ADDRESS	19700 Gulf Blvd #204	
CITY-ST-ZIP	INDIAN SHORES, FL 33785	CITY-ST-ZIP	Indian Shores, FL 33785	
TITLE	S	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JEAN	NAME		
STREET ADDRESS	19700 GULF BLVD., #601	STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES, FL 33785	CITY-ST-ZIP		
TITLE	V	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHETCUTI, PAUL	NAME	Chetcuti, Paul	
STREET ADDRESS	2166 PARAMOUNT BLVD	STREET ADDRESS	464 Ontario St.	
CITY-ST-ZIP	OAKVILLE, ONTARIO, C 6h6t4	CITY-ST-ZIP	Ancaster, Ontario Canada L9G 3E1	
TITLE	PD	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUOZZI, JOSPEH	NAME	Stewart, Sean	
STREET ADDRESS	19700 GULF BLVD, #501	STREET ADDRESS	4306 Beach Park Drive	
CITY-ST-ZIP	INDIAN SHORES, FL 33785	CITY-ST-ZIP	Tampa, FL 33609	
TITLE	T	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHENY, LEONARD A SR	NAME		
STREET ADDRESS	7033 N MAPLE DR	STREET ADDRESS		
CITY-ST-ZIP	COLOMA, MI 49038	CITY-ST-ZIP		
TITLE	D	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONOHUE, GERALD	NAME	Suozzi, Joseph	
STREET ADDRESS	711 S. ORLEANS AVE.	STREET ADDRESS	19700 Gulf Blvd #501	
CITY-ST-ZIP	TAMPA, FL 33606	CITY-ST-ZIP	Indian Shores, FL 33785	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Sean Stewart</u> <u>Sean Stewart</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>4/5/08</u> <u>813-282-9714</u> Date Daytime Phone #