

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90099 039 ****61.25

DOCUMENT # 770252 1. Entity Name LOS PRADOS CONDOMINIUM ASSOCIATION INC.					
Principal Place of Business 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US				Mailing Address 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US	
2. Principal Place of Business - No P.O. Box # 3684 TAMPA RD Suite, Apt. #, etc. SUITE 6		3. Mailing Address 3684 TAMPA RD Suite, Apt. #, etc. SUITE 6		03212007 Chg-NP CR2E037 (12/06)	
City & State OLD SMAR FL		City & State OLD SMAR FL		4. FEI Number 59-2367228	
Zip 34677		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REARDON, MAUREEN C 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685				7. Name and Address of New Registered Agent Name GABBAITH CHARLA J Street Address (P.O. Box Number is Not Acceptable) 3684 TAMPA RD Suite, Apt. #, etc. SUITE 6 City OLD SMAR FL Zip Code 34677	
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 <u><i>Charla J. Gabbaith</i></u> DATE <u>3/23/07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 SD NAME KOVAR, DAVID STREET ADDRESS 305 LOS PRADOS DRIVE CITY-ST-ZIP SAFETY HARBOR, FL 34695	☐ Delete		TITLE PD NAME Kovar, David STREET ADDRESS 305 Los Prados Dr. CITY-ST-ZIP Safety Harbor, FL 34695	☒ Change ☐ Addition	
TITLE PD NAME TREICK, STEVE STREET ADDRESS 310 LOS PRADOS DRIVE CITY-ST-ZIP SAFETY HARBOR, FL 34695	☒ Delete		TITLE VPD NAME CLARK, TERESA STREET ADDRESS 340 Los Prados Drive CITY-ST-ZIP Safety Harbor, FL 34695	☐ Change ☒ Addition	
TITLE VPD NAME DUBIEL, ERNIE STREET ADDRESS 332 LOS PRADOS DRIVE CITY-ST-ZIP SAFETY HARBOR, FL 34695	☒ Delete		TITLE TD NAME Connolly Brian STREET ADDRESS 211 Los Prados Dr. CITY-ST-ZIP Safety Harbor, FL 34695	☐ Change ☒ Addition	
TITLE TD NAME REUSS, RALPH STREET ADDRESS 218 LOS PRADOS DR CITY-ST-ZIP SAFETY HARBOR, FL 34695	☒ Delete		TITLE SD NAME Beyer Karen STREET ADDRESS 304 Los Prados Drive CITY-ST-ZIP Safety Harbor, FL 34695	☐ Change ☒ Addition	
TITLE D NAME DELVECCHIO, PAUL STREET ADDRESS 200 LEDGEWOOD DRIVE #609 CITY-ST-ZIP STONEHAM, MA 02180	☐ Delete		TITLE D NAME Caldwell Harry STREET ADDRESS 325 Los Prados Dr. CITY-ST-ZIP Safety Harbor, FL 34695	☐ Change ☒ Addition	
TITLE D NAME KOVAR, DAVID STREET ADDRESS 305 LOS PRADOS DRIVE CITY-ST-ZIP SAFETY HARBOR, FL 34695	☒ Delete		TITLE D NAME Saginario SR STREET ADDRESS 309 LOS PRADOS DRIVE CITY-ST-ZIP Safety Harbor FL 34695	☐ Change ☒ Addition	
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><i>Brian Connolly</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>3/23/2007</u> Daytime Phone #		

BRIAN CONNOLLY, TREAS.