

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90103 007 \*\*\*\*61.25

**DOCUMENT # N00000004643**

1. Entity Name

AMADEUS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

145 104TH AVENUE  
TREASURE ISLAND FL 33708

Mailing Address

145 104TH AVENUE  
TREASURE ISLAND FL 33708

1401644



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

ST. Petersburg FL

Zip

Country

Zip

33743

Country

Pinellas

4. FEI Number

59-3660524

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REK, LISA  
6240 70TH AVENUE NORTH  
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name

Ronald Welter

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

5444 Park Blvd. #101

City

Pinellas Park

FL

Zip Code

33781

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

*[Signature]*

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**  
**Due By May 1, 2005**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	STEINER, JOHN	
STREET ADDRESS	145 104TH AVE. HOUSE	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	REK, LISA	
STREET ADDRESS	6240 70TH AVENUE NO.	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	REK, WILLIAM J	
STREET ADDRESS	6240 70TH AVE. N.	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEILSON, JIM	
STREET ADDRESS	145 104TH AVE., HOUSE	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, BRENDA	
STREET ADDRESS	1442 ROSETREE COURT	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DiDomenico Frank	
STREET ADDRESS	875 Arbor Court E.	
CITY-ST-ZIP	Vindland, NJ 08360	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 life empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05

Date

Daytime Phone #