


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90164 046 ****61.25

| | | | | | |
|---|-------------------------------------|---|--|---|---|
| DOCUMENT # N00215 1. Entity Name COSMO CONDOMINIUM OWNER'S ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 7338 COQUINA WAY ST. PETERSBURG, FL 33706 | | | Mailing Address 7338 COQUINE WAY ST. PETERSBURG BEACH, FL 33706 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 59-3114055 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| PELDYS, GEORGE 7338 COQUINA WAY #5 ST PETERSBURG BEACH, FL 33706 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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, 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 | PTD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PELDYS, GEORGE | | NAME | | |
| STREET ADDRESS | 7338 COQUINA WAY #6 | | STREET ADDRESS | | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33706 | | CITY-ST-ZIP | | |
| TITLE | VD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PEARCE, DANIEL | | NAME | | |
| STREET ADDRESS | 7338 COQUINAWAY #4 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST PETE BEACH, FL 33706 | | CITY-ST-ZIP | | |
| TITLE | SD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PELDYS, PATRICIA | | NAME | | |
| STREET ADDRESS | 7338 COQUINA WAY #6 | | STREET ADDRESS | | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33706 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | D DAVID COYNE | |
| STREET ADDRESS | | | STREET ADDRESS | 7338 COQUINAWAY #3 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | ST. PETE BEACH, FL 33706 | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: Patricia Pellys <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4-5-05 <small>Date</small> | | 727-367-5455 <small>Daytime Phone #</small> |