


FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90033 013 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 COQUINA WAY ST. PETERSBURG BEACH, FL 33706 US	
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
		4. FEI Number 59-3114055	
		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 PELDYS, GEORGE 7338 COQUINA WAY #5 ST PETERSBURG BEACH, FL 33706		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 _____			
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			
TITLE	PTD	<input type="checkbox"/> Delete	
NAME	PELDYS, GEORGE		
STREET ADDRESS	7338 COQUINA WAY #6		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706		
TITLE	VD	<input type="checkbox"/> Delete	
NAME	COYNE, DAVID		
STREET ADDRESS	7338 COQUINA WAY #3		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706		
TITLE	SD	<input type="checkbox"/> Delete	
NAME	PELDYS, PATRICIA		
STREET ADDRESS	7338 COQUINA WAY #6		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	PEARCE, DANIEL		
STREET ADDRESS	7338 COQUINA WAY #4		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIRGINIA DIKSIENE		
STREET ADDRESS	7338 COQUINA WAY #1		
CITY-ST-ZIP	ST PETE BEACH, FL 33706		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	AUDRA ZVAIGZDIENE		
STREET ADDRESS	7338 COQUINA WAY #2		
CITY-ST-ZIP	ST. PETE BEACH, FL 33706		
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 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>Patricia Pellys</u> PATRICIA PELDYS 4-14-08 727-367-5455			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			