

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 01, 2006 8:00 am
Secretary of State

08-01-2006 90002 024 ****61.25

DOCUMENT # N02000003024

1. Entity Name

CASA VELERO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2189 CLEVELAND ST
SUITE 225
CLEARWATER FL 33765

Mailing Address

2189 CLEVELAND ST
SUITE 225
CLEARWATER FL 33765



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

01-0676873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, WILLIAM F
2189 CLEVELAND ST
STE 225
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name

Street Address

LENNARD A. LEIGHTON
2189 CLEVELAND ST
STE 225

City

CLEARWATER, FL 33765

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

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, 2006

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
NAME LYONS, ROBERT E
STREET ADDRESS P.O. BOX 152
CITY-ST-ZIP LARGO FL 33779 ☒ Delete

TITLE VD
NAME TECZA, TED
STREET ADDRESS 1904 GULF BLVD., UNIT 1
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785 ☐ Delete

TITLE STD
NAME TECZA, PHYLLIS
STREET ADDRESS 1904 GULF BLVD., UNIT 1
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE PD
NAME TECZA, TED
STREET ADDRESS 44 GULF BLVD APT 204
CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785 ☒ Change ☐ Addition

TITLE
NAME PHYLLIS TECZA
STREET ADDRESS 44 Gulf Blvd - 204
CITY-ST-ZIP Indian Rocks Beach FL 33785 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

William F. Smith

July 14, 2006