

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

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

03-11-2005 90301 041 ****70.00

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1. Entity Name

SAN RAFAEL PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**4207 W. SAN RAFAEL #C
TAMPA FL 33629**

Mailing Address

**PO BOX 6362
KEY WEST FL 33041**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

20719 PRESTON LANE

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/04)

City & State

City & State

LUTZ, FL

4. FEI Number

56-2366036

Applied For

Not Applicable

Zip

Country

Zip

Country

33558

USA

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPADA, RICHARD
1015 EATON ST
KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name **JOHN J. CALAMARI III**

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

20719 PRESTON LANE

City

LUTZ

FL

Zip Code

33558

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

JOHN J. Calamari III

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/8/05

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 **VSTD** ☒ Delete
NAME **SPADA, RICHARD**
STREET ADDRESS **POST OFFICE BOX 6362**
CITY-ST-ZIP **KEY WEST FL 33041**

TITLE **PD** ☒ Delete
NAME **ARMSTRONG, SCOTT**
STREET ADDRESS **7200 SKYWAY LANE #6 G**
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE **D** ☒ Delete
NAME **DEFUSCO, CARLA**
STREET ADDRESS **4207 W. SAN RAFAEL #D**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D** ☒ Change ☐ Addition
NAME **JASON AMIGLIORE**
STREET ADDRESS **4207 W. SAN RAFAEL ST. #C**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **S/D** ☒ Change ☐ Addition
NAME **SHAREN OVERSTREET**
STREET ADDRESS **4207 W. SAN RAFAEL ST. #A**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **T/D** ☒ Change ☐ Addition
NAME **JOHN J. CALAMARI III**
STREET ADDRESS **20719 PRESTON LANE**
CITY-ST-ZIP **LUTZ, FL 33558**

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

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

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

JOHN J. CALAMARI III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/05 (813)636-2455
Date Daytime Phone #