

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90274 031 ****61.25

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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
**20719 PRESTON LANE
LUTZ, FL 33558**

2. Principal Place of Business
4207 W San Rafael St

3. Mailing Address
4207 W San Rafael St

Suite, Apt. #, etc.
E

Suite, Apt. #, etc.
E

City & State
Tampa

City & State
Tampa

Zip
FL 33629

Country
USA

Zip
33629

Country
USA

01032006 Chg-NP CR2E037 (11/05)

4. FEI Number
56-2366036

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CALAMARI, JOHN J III
20719 PRESTON LANE
LUTZ, FL 33558**

7. Name and Address of New Registered Agent

Name
Courtney Cafaro

Street Address (P.O. Box Number is Not Acceptable)
4207 W San Rafael St. #E

City
Tampa

FL
33629

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 **Courtney Cafaro** **3-14-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AMIGLIORE, JASON 4207 W SAN RAFAEL ST #C TAMPA, FL 33629 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Francisco, Devin 4207 W. San Rafael St. # H Tampa, FL 33629 ☐ Change ☒ Addition President
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OVERSTREET, SHAREN 4702 W SAN RAFAEL ST #A TAMPA, FL 33629 ☐ Delete vice president	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition Treasurer
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CALAMARU, JOHN III 20719 PRESTON LANE LUTZ, FL 33558 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Cafaro, Courtney 4207 W. San Rafael St. #E TAMPA, FL 33629 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Mitchell, Rose 4207 W San Rafael St. # G Tampa, FL 33629 ☐ Change ☒ Addition Secretary
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Muley, Carin 4207 W San Rafael St. # F Tampa, FL 33629 ☐ Change ☒ Addition member
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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 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: **Courtney Cafaro** **3-14-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #