


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90031 034 ****61.25

| | | | |
|--|--|--|--|
| DOCUMENT # N03000007638 1. Entity Name SCOPELLO CONDOMINIUM ASSOCIATION, INC. | |  | |
| Principal Place of Business 2352 DREW STREET CLEARWATER, FL 33765 | | Mailing Address 2352 DREW STREET CLEARWATER, FL 33765 | |
| 2. Principal Place of Business Scopeello Condo Assoc, Inc. 40 Richard Commons, P.A. Suite, Apt. #, etc. 2200 Gulf Blvd. City & State Indian Rocks Bch, FL Zip 33785 Country US | | 3. Mailing Address Suite, Apt. #, etc. 300 S. Duncan Ave., #200B City & State Clearwater, FL Zip 33755 Country US | |
| 4. FEI Number 20-0846709 | | Chg-NP CR2E037 (11/05) 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 PATEL, SANDIP ESQ. 2352 DREW STREET CLEARWATER, FL 33765 | |
| 7. Name and Address of New Registered Agent Name Warren Klawiter Street Address (P.O. Box Number is Not Acceptable) 2200 Gulf Blvd., Ste. 401 City Indian Rks Bch FL Zip Code 33785 | | 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 <u>Warren Klawiter</u> DATE <u>2-15-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 PD NAME PATEL, SANDIP I STREET ADDRESS 2352 DREW STREET CITY-ST-ZIP CLEARWATER, FL 33765 | <input checked="" type="checkbox"/> Delete | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE VSD NAME GRIECO, DAVID P STREET ADDRESS 2352 DREW STREET CITY-ST-ZIP CLEARWATER, FL 33765 | <input checked="" type="checkbox"/> Delete | TITLE P NAME Warren Klawiter STREET ADDRESS 2200 Gulf Blvd., #401 CITY-ST-ZIP Indian Rocks Bch, FL 33785 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE VPT NAME Al Noto STREET ADDRESS 2200 Gulf Blvd., #405 CITY-ST-ZIP Indian Rocks Bch, FL 33785 | <input type="checkbox"/> Delete | TITLE S NAME Bill Zak STREET ADDRESS 15 Park Lane Ct. CITY-ST-ZIP Williamsville, NY 14221-5018 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE D NAME Joseph Leo STREET ADDRESS 2200 Gulf Blvd., #202 CITY-ST-ZIP Indian Rocks Bch, FL 33785 | <input type="checkbox"/> Delete | TITLE D NAME Susanne Silber STREET ADDRESS 2200 Gulf Blvd., #303 CITY-ST-ZIP Indian Rocks Bch, FL 33785 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE D NAME Susanne Silber STREET ADDRESS 2200 Gulf Blvd., #303 CITY-ST-ZIP Indian Rocks Bch, FL 33785 | <input type="checkbox"/> Delete | TITLE D NAME Susanne Silber STREET ADDRESS 2200 Gulf Blvd., #303 CITY-ST-ZIP Indian Rocks Bch, FL 33785 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE D NAME Susanne Silber STREET ADDRESS 2200 Gulf Blvd., #303 CITY-ST-ZIP Indian Rocks Bch, FL 33785 | <input type="checkbox"/> Delete | TITLE D NAME Susanne Silber STREET ADDRESS 2200 Gulf Blvd., #303 CITY-ST-ZIP Indian Rocks Bch, FL 33785 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u>Warren Klawiter</u> | | 2-15-06 727-647-6077 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |