

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 14 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000007332

1. Entity Name
ALIDA COURT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
3205 TANGLEWOOD DR.
SARASOTA, FL 34239

Mailing Address
3205 TANGLEWOOD DR.
SARASOTA, FL 34239



07192007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
26-0092266

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VASTOLA, ALFREDO
3205 TANGLEWOOD DR.
SARASOTA, FL 34239

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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

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fee

800109656818
09/13/07--01041--006 **\$61.25

10. OFFICERS AND DIRECTORS

TITLE P
NAME VASTOLA, ALFREDO MR.
STREET ADDRESS 3205 TANGLEWOOD DR.
CITY-ST-ZIP SARASOTA, FL 34239

TITLE V
NAME VASTOLA, IDA MRS.
STREET ADDRESS 3205 TANGLEWOOD DR.
CITY-ST-ZIP SARASOTA, FL 34239

TITLE S
NAME VASTOLA, SALVATORE MR.
STREET ADDRESS 3205 TANGLEWOOD DR.
CITY-ST-ZIP SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #