

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90045 030 \*\*\*\*61.25

**DOCUMENT # N04220**

1. Entity Name

NELSON PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

WANEK PROPERTY MANAGEMNT  
2155 NE COACHMAN ROAD  
CLEARWATER FL 33765  
US

WANEK PROPERTY MANAGEMNT  
2155 NE COACHMAN ROAD  
CLEARWATER FL 33765  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2508464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WANEK PROPERTY MANAGEMENT  
2155 NE COACHMAN ROAD  
CLEARWATER FL 33765

Name

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

City

**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, 2007**

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  
CORREA, WALTER  
1535 NURSERY RD #401  
CLEARWATER FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
SD  
SPAID, ANN  
1535 NURSERY RD #111  
CLEARWATER FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
DELLA SCHAUMACHER  
1535 NURSERY RD. # 109  
CLEARWATER 33756 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
VP  
BROWN, KENNETH  
1535 NURSERY ROAD., #110  
CLEARWATER FL 33765 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
TP  
KELLEHER, JAMES  
1535 NURSERY RD #403  
CLEARWATER FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
D  
GAUL, ROBERT  
1535 NURSERY RD #202  
CLEAWATER FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER CORREA FEB 8, 2007 727-462-2501

Date

Daytime Phone #