

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000640

FILED  
Mar 28, 2008  
Secretary of State

**Entity Name:** UTOPIA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7300 PARK STREET  
SEMINOLE, FL 33777

**New Principal Place of Business:**

**Current Mailing Address:**

7300 PARK STREET  
SEMINOLE, FL 33777

**New Mailing Address:**

**FEI Number:** 20-2216982

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEBRA, REINHARDT  
7300 PARK BOULEVARD  
SEMINOLE, FL 33777 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/T ( ) Delete  
Name: RICHARDS, CHRIS  
Address: 1350 GULF BOULEVARD, #504  
City-St-Zip: CLEARWATER, FL 33767

Title: VP ( ) Delete  
Name: GUIGLI, CHARLENE  
Address: 1350 GULF BOULEVARD #802  
City-St-Zip: CLEARWATER, FL 33767

Title: S ( ) Delete  
Name: DEBBIE, KAPLAN  
Address: 1350 GULF BOULEVARD #304  
City-St-Zip: CLEARWATER, FL 33767

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS RICHARDS

PD

03/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date