

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90046 032 ****61.25

DOCUMENT # N05000002667					
1. Entity Name VILLA DEL MAR OF CLEARWATER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1860 N FORT HARRISON AVE CLEARWATER, FL 33755			Mailing Address 1860 N FORT HARRISON AVE #303 CLEARWATER, FL 33755		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2189 Cleveland St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite # 225			
City & State		City & State Clearwater, FL			
Zip	Country	Zip 33765	Country USA	4. FEI Number 20-2621555	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEIGHTON, LENNARD A 2189 CLEVELAND STREET #225 CLEARWATER, FL 33765			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DP	NAME SZASZ, STEVE		<input type="checkbox"/> Delete		
STREET ADDRESS 1860 N FORT HARRISON AVE	CITY-ST-ZIP CLEARWATER, FL 33755		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DST	NAME SZASZ, ROBERT		<input type="checkbox"/> Delete		
STREET ADDRESS 1860 N FORT HARRISON AVE	CITY-ST-ZIP CLEARWATER, FL 33755		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME ADLER, LASZLO		<input type="checkbox"/> Delete		
STREET ADDRESS 1860 N FORT HARRISON AVE	CITY-ST-ZIP CLEARWATER, FL 33755		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME Rhonda Shirley		<input type="checkbox"/> Delete		
STREET ADDRESS 1860 N. Fort Harrison #303	CITY-ST-ZIP Clearwater, FL 33755		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE D	NAME Rhonda Shirley		<input type="checkbox"/> Delete		
STREET ADDRESS 1860 N. Fort Harrison #303	CITY-ST-ZIP Clearwater, FL 33755		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME Rhonda Shirley		<input type="checkbox"/> Delete		
STREET ADDRESS 1860 N. Fort Harrison #303	CITY-ST-ZIP Clearwater, FL 33755		<input type="checkbox"/> Change <input 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: _____ <div style="float: right;"> 1-17/07 727-423-6622 </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					