

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002667

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** VILLA DEL MAR OF CLEARWATER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1860 N FORT HARRISON AVE  
CLEARWATER, FL 33755

**New Principal Place of Business:**

2189 CLEVELAND STREET  
#225  
CLEARWATER, FL 33765

**Current Mailing Address:**

2189 CLEVELAND ST.  
SUITE #225  
CLEARWATER, FL 33765

**New Mailing Address:**

2189 CLEVELAND STREET  
#225  
CLEARWATER, FL 33765

**FEI Number:** 20-2621555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEIGHTON, LENNARD A  
2189 CLEVELAND STREET  
#225  
CLEARWATER, FL 33765 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: DP ( ) Delete  
Name: SZASZ, STEVE  
Address: 1860 N FORT HARRISON AVE  
City-St-Zip: CLEARWATER, FL 33755

Title: DST ( ) Delete  
Name: SZASZ, ROBERT  
Address: 1860 N FORT HARRISON AVE  
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete  
Name: ADLER, LASZLO  
Address: 1860 N FORT HARRISON AVE  
City-St-Zip: CLEARWATER, FL 33755

Title: D (X) Delete  
Name: SHIRLEY, RHONDA  
Address: 1860 N. FORT HARRISON #303  
City-St-Zip: CLEARWATER, FL 33755

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

Title: PD (X) Change ( ) Addition  
Name: SHIRLEY, RHONDA  
Address: 1860 N FORT HARRISON AVE #303  
City-St-Zip: CLEARWATER, FL 33755

Title: STD (X) Change ( ) Addition  
Name: GELLER, PAT  
Address: 1860 N FORT HARRISON AVE #402  
City-St-Zip: CLEARWATER, FL 33755

Title: VPD (X) Change ( ) Addition  
Name: LUNDY, DAVE  
Address: 1860 N FORT HARRISON AVE #105  
City-St-Zip: CLEARWATER, FL 33755

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: RHONDA SHIRLEY

PD

01/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date