


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90159 034 ****61.25

DOCUMENT # N05000007847		
1. Entity Name BEACH PARADISE LANDINGS CONDOMINIUM ASSOCIATION, INC.		

40000000

Principal Place of Business 1877 HIGHLAND AVENUE NORTH TARPON SPRINGS, FL 34688	Mailing Address 1877 HIGHLAND AVENUE NORTH TARPON SPRINGS, FL 34688
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2. Principal Place of Business - No P.O. Box # 670 Clearwater Largo Rd	3. Mailing Address ← Same
Suite, Apt. #, etc. Suite D	Suite, Apt. #, etc.
City & State Largo FL	City & State ← Same
Zip 33770	Country USA

04282008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent	
SCARTOZZI, ROBERT A 1877 HIGHLAND AVENUE NORTH TARPON SPRINGS, FL 34688	
670 Clearwater Largo Rd Suite D Largo, FL	

4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
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 <i>Robert Scartozzi</i>	DATE 4-29-08

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCARTOZZI, ROBERT A 1877 HIGHLAND AVENUE NORTH TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 670 Clearwater Largo Rd Suite D Largo FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARTOZZI, ROBERT A 1877 HIGHLAND AVENUE NORTH TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 670 Clearwater Largo Rd Suite D Largo FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOGANIERO, PHILIP 224 PONCE DE LEON BLVD. BELLEAIR, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOGANIERO, PHILIP 224 PONCE DE LEON BLVD. BELLEAIR, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T DOGANIERO, FRANK 3024 WOODSONG LANE CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOGANIERO, FRANK 3024 WOODSONG LANE CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Robert Scartozzi</i>	DATE 4-29-08 227-501-1160