

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90201 004 ****70.00

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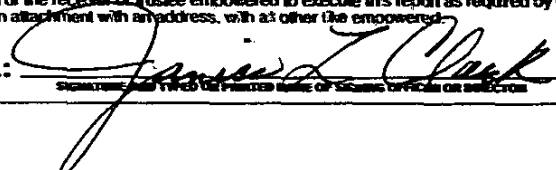


DOCUMENT # N05825 1. Entity Name TALIA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 39132 CR 54 E #2014 ZEPHYRHILLS, FL 33542 US			Mailing Address 39132 CR 54 E #2014 ZEPHYRHILLS, FL 33542 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2777150	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CLARK, JANICE L 39132 CR 54E STE 2072 ZEPHYRHILLS, FL 33540				7. Name and Address of New Registered Agent Name THOMAS LEITZKE Street Address (P.O. Box Number is Not Acceptable) 6030 RIDGEWAY DR City ZEPHYRHILLS FL Zip Code 33541	
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 DATE 3/30/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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 KNEPP, DALPH 39132 CR 54 EAST 2040 ZEPHYRHILLS, FL 33540	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNEPP, DALPH 39132 C. R 54E # 2040 ZEPHYRHILLS, FL 33542	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEITZKE, THOMAS 6030 RIDGEWAY DR ZEPHYRHILLS, FL 33541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEITZKE THOMAS 6030 RIDGEWAY DR ZEPHYRHILLS, FL 33541	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWIS, ETHEL 39132 CR 54 E # 2140 ZEPHYRHILLS, FL 33540	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, ETHEL 39132 C. R. 54E # 2140 ZEPHYRHILLS, FL 33542	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARK, JANICE L 39132 CR 54 E # 2072 ZEPHYRHILLS, FL 33540	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARK, JANICE L 39132 C. R 54E # 2072 ZEPHYRHILLS, FL 33542	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV MULKEY, CHARLES 39132 CR 54 E # 2206 ZEPHYRHILLS, FL 33540	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, TINA 39132 C. R 54E # 2156 ZEPHYRHILLS, FL 33542	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALT WILSON, BRYAN R 3142 FIESTA DR. DUNEDIN, FL 34698	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUDEN LAVERNE 39132 C. R 54E # 2252 ZEPHYRHILLS, FL 33542	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			Date 4/20/05 Daytime Phone # 813-780-1801		

ATTACHMENT

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#2014 ZEPHYRHILLS, FL 33542 US		#2014 ZEPHYRHILLS, FL 33542 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262005 Chg-NP CR2ED37 (10/03)	
City & State		City & State		4. FEI Number 59-2777150	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CLARK, JANICE L 39132 CR 54E STE 2072 ZEPHYRHILLS, FL 33540				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, handwritten name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD	☐ Delete	TITLE	☐ Change ☒ Addition	
NAME	KNEPP, DALPH		NAME	DELL, BERTHA	
STREET ADDRESS	39132 CR 54 EAST 2040		STREET ADDRESS	5138 HILL DR	
CITY- ST- ZIP	ZEPHYRHILLS, FL 33540		CITY- ST- ZIP	ZEPHYRHILLS, FL 33541	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LEITZKE, THOMAS		NAME		
STREET ADDRESS	6030 RIDGEWAY DR		STREET ADDRESS		
CITY- ST- ZIP	ZEPHYRHILLS, FL 33541		CITY- ST- ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LEWIS, ETHEL		NAME		
STREET ADDRESS	39132 CR 54 E # 2140		STREET ADDRESS		
CITY- ST- ZIP	ZEPHYRHILLS, FL 33540		CITY- ST- ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CLARK, JANICE L		NAME		
STREET ADDRESS	39132 CR 54 E # 2072		STREET ADDRESS		
CITY- ST- ZIP	ZEPHYRHILLS, FL 33540		CITY- ST- ZIP		
TITLE	AV	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MULKEY, CHARLES		NAME		
STREET ADDRESS	39132 CR 54 E # 2206		STREET ADDRESS		
CITY- ST- ZIP	ZEPHYRHILLS, FL 33540		CITY- ST- ZIP		
TITLE	ALT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WILSON, BRYAN R		NAME		
STREET ADDRESS	3142 FIESTA DR.		STREET ADDRESS		
CITY- ST- ZIP	DUNEDIN, FL 34698		CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 (be empowered).					
SIGNATURE: 			4/20/05 813-780-184		