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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18249** (5)

1. Corporation Name

LOGGIA UNITA #2015

Principal Place of Business

Mailing Address

**3315 LEMON STREET
TAMPA FL 33609**

**3315 LEMON STREET
TAMPA FL 33609**



3. Date Incorporated or Qualified

12/15/1986

4. FEI Number

59-2878356

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LILES, MARIAN M
5807 MABEL ST
TAMPA, FL
TAMPA FL 33610**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Marian M Liles
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **LILES, MARIAN**
STREET ADDRESS **5807 MABEL ST**
CITY-ST-ZIP **TAMPA FL**

TITLE **V** ☐ DELETE
NAME **CAPITANO, NICK JR**
STREET ADDRESS **18003 CHASTAIN RD**
CITY-ST-ZIP **ODESSA FL**

TITLE **FSD** ☐ DELETE
NAME **GIOVENCO, ROSE M**
STREET ADDRESS **2808 NASSAU ST**
CITY-ST-ZIP **TAMPA FL**

TITLE **T** ☒ DELETE
NAME **ALMENDARES, TESSIE**
STREET ADDRESS **8013 LASERENA DR**
CITY-ST-ZIP **TAMPA FL**

TITLE **S** ☐ DELETE
NAME **AMORELLI, GLORIA**
STREET ADDRESS **2525 W MINNEHAHA ST**
CITY-ST-ZIP **TAMPA FL**

TITLE **T** ☐ DELETE
NAME **SEBASTIAN, MARABELLA**
STREET ADDRESS **4141 BAYSHORE BLVD #701**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **MARIE A. FERNANDEZ**
4.3 STREET ADDRESS **612 N. HABANA**
4.4 CITY-ST-ZIP **TAMPA, FL 33609**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marie A. Fernandez

4/13/98 877-5217

CR2E037 (10/97)