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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18249

1. Corporation Name

LOGGIA UNITA #2015

Principal Place of Business

3315 LEMON STREET
TAMPA FL 33609

Mailing Address

3315 LEMON STREET
TAMPA FL 33609



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/15/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2878356	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 Liles

2-5-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILES, MARIAN	1.2 NAME	
STREET ADDRESS	5807 MABEL ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPITANO, NICK JR	2.2 NAME	
STREET ADDRESS	16003 CHASTAIN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	2.4 CITY-ST-ZIP	
TITLE	FSD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIOVENCO, ROSE M	3.2 NAME	
STREET ADDRESS	2600 NASSAU ST	3.3 STREET ADDRESS	4702 Joseph Ct #210
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL 33614
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, MARIE A	4.2 NAME	
STREET ADDRESS	612 N HABANA	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMORELLI, GLORIA	5.2 NAME	
STREET ADDRESS	2525 W MINNEHAHA ST	5.3 STREET ADDRESS	3015 MASON PL
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TAMPA, FL 33629
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEBASTAIN, MARABELLA	6.2 NAME	
STREET ADDRESS	4141 BAYSHORE BLVD #701	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)