

ANNUAL REPORT (AR)

DOCUMENT # N46493

1. Entity Name

COMMERCIAL LANDOWNERS ASSOCIATION OF ST.
ARMANDS, INC.

FILED
Feb 07, 2006 08:00 AM
Secretary of State



1st MOORE CR2E037 (10/05)

Principal Place of Business

1241 TREE BAY LN
SARASOTA FL 34242

Mailing Address

1241 TREE BAY LN
SARASOTA FL 34242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0304992

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAPPAPORT, MARTIN
 1241 TREE BAY LN
 SARASOTA FL 34242

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 D ☐ Delete
 NAME RAPPAPORT, MARTIN
 STREET ADDRESS 1241 TREE BAY LN
 CITY- ST- ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS U000000424458
 CITY- ST- ZIP 02/18/06-80050-012 61.25

TITLE D ☐ Delete
 NAME HAMMONS, TOM
 STREET ADDRESS 331 SUGAR MILL DR
 CITY- ST- ZIP OSPREY FL 34229

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE D ☐ Delete
 NAME WATERS, GILBERT
 STREET ADDRESS 1751 MOUND ST
 CITY- ST- ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS CK1227
 CITY- ST- ZIP

TITLE D ☐ Delete
 NAME HAMMONS DOUGOPOLY, NICOLE
 STREET ADDRESS 346 N MAC EWEN DR
 CITY- ST- ZIP OSPREY FL 34229

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS 2/3/6
 CITY- ST- ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Handwritten Signature]

2/3/6

241-346-1931