

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90027 024 ****61.25

DOCUMENT # N98000006538

1. Entity Name
ALTO ACRES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
~~15810 GULF BLVD~~
~~REDINGTON BEACH, FL 33708 US~~

Mailing Address
~~15810 GULF BLVD~~
~~REDINGTON BEACH, FL 33708 US~~

\$4013027



2. Principal Place of Business
P.O. Box 271150
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 271150
Suite, Apt. #, etc.

02132004 Chg-NP CR2E037 (10/03)

City & State
TAMPA FL
Zip
33688-1150 Country
USA

City & State
TAMPA FL
Zip
33688-1150 Country
USA

4. FEI Number
59-3569937 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CULLARO, JOHN J
~~15810 GULF BLVD~~
~~REDINGTON BEACH, FL 33708~~

Name

Street Address (P.O. Box Number is Not Acceptable)
12506 - CLENDENNING DR.

City **TAMPA** FL Zip Code
33618

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25
Due by May 1, 2004

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
CULLARO, JOHN J
~~15810 GULF BLVD~~
~~REDINGTON BEACH, FL 33708~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CULLARO, LISA
~~15810 GULF BLVD~~
~~REDINGTON BEACH, FL 33708~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CULLARO, JOHN JR
~~1844 HENLEY RD~~
~~LUTZ, FL 33540~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
12506 - CLENDENNING DR.
TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3206 BGLMORE RD
TAMPA, FL 33615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
2822 SAFE HARBOR DR.
TAMPA, FL 33614

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-26-04

Date

813-968-0522

Daytime Phone #

JOHN J. CULLARO