2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State
02-20-2006 90028 001 ****61.25

DOCUMENT # 709473

1. Entity Name
SOUTH PATRICK RESIDENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
420 ST. GEORGES CT. PO BOX 2357 SATELLITE BEACH, FL 32937 US	420 ST. GEORGES CT. P.O. BOX 2357 SATELLITE BEACH, FL 32937 US

01052006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
494 Sandpiper Dr.	PO Box 2357
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Satellite Beach FL	City & State: Satellite Beach FL
Zip: 32937 Country: US	Zip: 32937 Country: US

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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
WUEST, WILLIAM R 420 ST GEORGES CT THE MOORINGS SATELLITE BEACH, FL 32937	Name: Samuelson, Ayn M. Street Address (P.O. Box Number is Not Acceptable): 494 Sandpiper Dr. City: Satellite Beach FL Zip Code: 32937

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: Ayn M Samuelson Ayn M. Samuelson, President 2/7/06
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P WUEST, WILLIAM R 420 ST GEORGES CT SATELLITE BEACH, FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Samuelson, Ayn M. 494 Sandpiper Dr. Satellite Beach FL 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COLEMAN, MARYLOU 417 FINCH DRIVE SATELLITE BEACH, FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREEMAN, JEAN 436 FRENCH DRIVE SATELLITE BEACH, FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Freeman, Jean 436 Finch Dr. Satellite Beach FL 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SAMUELSON, AYN 494 SANDPIPER DRIVE SATELLITE BEACH, FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Ahlfeld, Jan 432 Cardinal Dr. Satellite Beach FL 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SKINNER, A.W. 525 4TH AVENUE SATELLITE BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 exemptions contained in Chapter 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: Ayn M Samuelson Ayn M. Samuelson 2/7/06 321 773-8167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #