## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # 734377** 1. Entity Name 04-24-2006 90370 002 \*\*\*\*61.25 THE FRIENDLY NATIVE BEACH RESORT CONDOMINIUM, INC. Principal Place of Business Mailing Address 6700 SUNSET WAY 6700 SUNSET WAY ST PETERSBURG BEACH FL 33706-2053 ST PETERSBURG BEACH FL 33706-2053 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-1656341 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HURLEY, J. K Street Address (P.O. Box Number is Not Acceptable) 6700 SUNSET WAY ST PETERSBURG BEACH FL 33706 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TED FRISSORA TITLE Delete TITLE Change ☐ Addition VICKERS, LARRY NAME NAME 643 WHITE TAIL DR. 640 VALLEY FORCE RD STREET ADDRESS STREET ADDRESS GAHANG, OH COOKEVILLE TN CITY-ST-ZIP CITY-ST-ZIP VD Delete JOHN MARTINS ☐ Change ☐ Addition GLINKS LANE RAAB, RICHARD NAME BRAMPTON ONTARIO 2263 WEST LIBERTY STREET ADDRESS STREET ADDRESS CANADA CITY-ST-ZIP ANN ARBOR MI CITY-ST-7IP SD TITLE ☐ Delete ☐ Change ☐ Addition ALMERICO, MARJORIE NAME NAME STREET ADDRESS 807 W INDIANA AVE. STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TD ☐ Delete TITLE ☐ Change ☐ Addition GARCIA, DULCE MARIA V NAME 4808 DARBY AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP TAMPA FI CITY-ST-7/P ☐ Delete TITLE ☐ Change ☐ Addition TITLE SWENSON, GLENN NAME NAME 3521-6TH AVE., N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST.PETERSBURG FL CITY-ST-ZIP ☐ Delete ■ Addition MARTINEZ A G NAME NAME 908 W VIRGINIA AVE STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.