


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90039 001 \*\*\*\*61.25

<b>DOCUMENT # 757997</b>					
1. Entity Name THE STRANAHAN HOUSE, INC.					
Principal Place of Business 335 SE 6 AVENUE FT. LAUDERDALE, FL 33301 US			Mailing Address 335 SE 6 AVENUE FT. LAUDERDALE, FL 33301 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2164225	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STACEY, HALLBERG 2601 E. OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306			Name <u>Barbara W. Keith</u> Street Address (P.O. Box Number is Not Acceptable) <u>335 S.E. 6 AVE.</u> City <u>FT. LAUDERDALE</u> FL Zip Code <u>33301</u>		
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 <u>Barbara W. Keith</u>				DATE <u>1/26/06</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VP ELICIA, BLACKWELL 2400 E. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Elicia Blackwell Bell South Legal 150 W. FLAGLER MIAMI, FL 33130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHARDS, SANDRA 1520 N.E. 16TH AVENUE FT. LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTOPHER ECK BROWARD CO. HISTORICAL COMMISSION 151 S.W. 2 <sup>ND</sup> ST. FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALICE, SMITH 513 MIDDLE RIVER DRIVE FT. LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOUG SMITH EDSA 1512 E. BROWARD BLVD FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSEN, MARIE 1100 E. LAS OLAS BLVD. FT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ERIC VON SALZEN 2112 N.E. 44 <sup>TH</sup> ST. FT. LAUDERDALE, FL 33306	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEPHEN, TILBROOK 200 EAST BROWARD BLVD. FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHN ABEL ATLANTIC LITNO 1457 N.E. 13 AVE. FT. LAUDERDALE, FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSON, ROBERT W 350 EAST LAS OLAS BLVD STE 1420 FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBRA VOGEL SUNTRUST BANK 515 E. LAS OLAS BLVD. FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 lists empowered.					
SIGNATURE: <u>[Signature]</u>				DATE <u>1/26/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

**ATTACHMENT**

~~60016200~~  
~~#757991~~  
D

D **Sandra Casteel**  
1135 North Rio Vista Blvd.  
Ft. Lauderdale, FL 33301

D **William Sydnor**  
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