
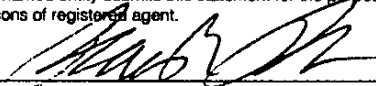
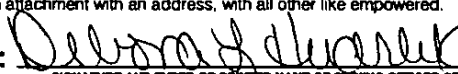


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90104 026 ****61.25

DOCUMENT # N04000003147					
1. Entity Name ASBEL CREEK ASSOCIATION, INC.					
Principal Place of Business 5100 W. LEMON STREET SUITE 306 TAMPA, FL 33609			Mailing Address 4131 GUNN HWY TAMPA, FL 33618 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent SCHLOSSER, RICHARD A ESQ. 500 E. KENNEDY BLVD., SUITE 200 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name MEIROSE & FRISCIA Street Ad. FRISCIA, FRANK (ible) 500 N. WESTSHORE BLVD TAMPA, FL 33609 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 				DATE <u>2/8/06</u>	
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. <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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARPAY, BARRY I			NAME	
STREET ADDRESS	5100 W LEMON ST #306			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSINA, FRANK			NAME	
STREET ADDRESS	5100 W LEMON ST #306			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609			CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDRLIK, DEBORA L			NAME	
STREET ADDRESS	5100 W LEMON ST #306			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: 				DATE: <u>2/22/06</u> 813-282-1616	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
Debora L Hudrlik				Daytime Phone # <u>X295</u>	



01142006 Chg-NP CR2E037 (11/05)

4. FEI Number
75-3174265 Applied For
Not Applicable

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

2/8/06

2/22/06 813-282-1616
X295