


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000010654
 Entity Name
 3RD AVENUE SOUTH TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 737 17TH AVE N ST PETERSBURG, FL 33704	Mailing Address 737 17TH AVE N ST PETERSBURG, FL 33704
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04122006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-1808683	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
 BRIDGES, DALE W
 737 17TH AVE N
 ST PETERSBURG, FL 33704

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRIDGES, DALE W 737 17TH AVE N ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STOLOFF, KEITH K 737 17TH AVE N ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KILE, DAVID B 737 17TH AVE N ST PETERSBURG, FL 33704
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05/19/06-80031-017 61.25

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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:  5/1/06 (79) 827-1229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #