

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

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-03-2006 90209 038 ****61.25

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1st MOORE CR2E037 (10/05)

DOCUMENT # N05000004496 1. Entity Name CENTRAL 16TH URBAN HOMES HOMEOWNERS ASSOCIATION, INC.							
Principal Place of Business 611 DRUID RD. E. SUITE 512 CLEARWATER FL 33756			Mailing Address 611 DRUID RD. E. SUITE 512 CLEARWATER FL 33756				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 01-0836497			
Zip		Country		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				
ELIAS, JOHN 611 DRUID RD. E. SUITE 512 CLEARWATER FL 33756			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			B. 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 _____							
(NOTE: Registered Agent signature required when re-registering)							
FILE NOW: 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	ELIAS, JOHN M		NAME				
STREET ADDRESS	611 DRUID RD. E., SUITE 512		STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33756		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	COFFMAN, WM. DONALD		NAME				
STREET ADDRESS	1397 22ND STREET NORTH		STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33713		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ELIAS, JUDITH M		NAME				
STREET ADDRESS	611 DRUID RD. E., SUITE 512		STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33756		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PAVONETTI, NICK		NAME				
STREET ADDRESS	425 14TH AVENUE NORTH		STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33701		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	D'ETTORE, DENNIS		NAME				
STREET ADDRESS	335 DELMAR TERRACE SOUTH		STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33701		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 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 information empowered.							
SIGNATURE: _____ DATE: 4/17/2006 DAYTIME PHONE: 727-327-3131							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							