
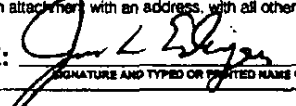


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

04-17-2006 90359 018 ****61.25

DOCUMENT # N05000011285					
1. Entity Name OLD TAMPA ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1850 PORTER LAKES DRIVE SUITE 109 SARASOTA, FL 34240			Mailing Address 1850 PORTER LAKES DRIVE SUITE 109 SARASOTA, FL 34240		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
8. Name and Address of Current Registered Agent NEMEC, CHARLES 1850 PORTER LAKES DRIVE SUITE 109 SARASOTA, FL 34240				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> 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	President <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	James L. Estinger	NAME			
STREET ADDRESS	1850 Porter Lakes Dr #109	STREET ADDRESS			
CITY - ST - ZIP	Sarasota FL 34240	CITY - ST - ZIP			
TITLE	Vice President <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Charles NemeC	NAME			
STREET ADDRESS	1850 Porter Lakes Dr # 109	STREET ADDRESS			
CITY - ST - ZIP	Sarasota FL 34240	CITY - ST - ZIP			
TITLE	Secretary & Treasury <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Jeffery V. Estinger	NAME			
STREET ADDRESS	1850 Porter Lakes Dr #109	STREET ADDRESS			
CITY - ST - ZIP	Sarasota FL 34240	CITY - ST - ZIP			
TITLE		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 817, 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: 		James L Estinger		4-14-6 941-371-3920	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

