

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 14, 2006
Secretary of State**

DOCUMENT# N05654

Entity Name: AMERICAN CONDOMINIUM PARKS-ZEPHYRHILLS, A CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

35136 CONDOMINIUM BLVD.
ZEPHYRHILLS, FL 33541

New Principal Place of Business:

Current Mailing Address:

35136 CONDOMINIUM BLVD.
ZEPHYRHILLS, FL 33541

New Mailing Address:

FEI Number: 59-2721252 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MURPHY, DAVID J ATT.
GREENFELDER,MANDER,HANSON,MURPHY,& DWYER
14217 THIRD STREET
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FONK, JOHN
Address: 35217 CONDO BLVD.
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: SD () Delete
Name: KNOX, JULIE
Address: 35303 CONDO BLVD.
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: TD () Delete
Name: LENTZ, CHARLES
Address: 4827 ELWANA WAY
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: VPD () Delete
Name: SMITH, JOHN
Address: 4732 STUEY DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: VPD () Delete
Name: TAURIAINEN, EUGENE
Address: 4753 BOBBY AVENUE
City-St-Zip: ZEPHYRHILLS, FL 33541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RENNER, BILL
Address: 35108 CONDO BLVD.
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: STONE, STUART
Address: 35238 DODIE DRIVES
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE KNOX

SD

03/14/2006

Electronic Signature of Signing Officer or Director

_____ Date