


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90209 019 \*\*\*\*61.25

**DOCUMENT # N97000005894**

1. Entity Name  
**TOWNHOMES BY THE GULF AT SAND PEBBLE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**TAMPA BAY PROPERTY MANAGEMENT**  
**6014 US HWY 19 N., STE 150**  
**NEW PORT RICHEY, FL 34652**

Mailing Address  
**TAMPA BAY PROPERTY MANAGEMENT**  
**6014 US HWY 19 N., STE 150**  
**NEW PORT RICHEY, FL 34652**



2. Principal Place of Business  
**COMMUNITY MGMT SERVICES**

3. Mailing Address  
**COMMUNITY MGMT SERVICES**

Suite, Apt. #, etc.  
**5609 45 19, STE G**

Suite, Apt. #, etc.  
**5609 45 19, STE G**

02142006 Chg-NP CR2E037 (11/05)

City & State  
**NEW PORT RICHEY FL**

City & State  
**NEW PORT RICHEY FL**

4. FEI Number  
**59-3522954**

Applied For  
 Not Applicable

Zip  
**34652**

Country  
**USA**

Zip  
**34652**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**MICK, JAMIE**  
**TAMPA BAY PROPERTY MANAGEMENT**  
**6014 US HWY 19 N., STE 150**  
**NEW PORT RICHEY, FL 34652**

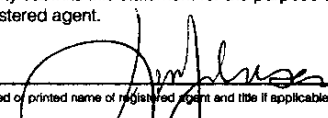
7. Name and Address of New Registered Agent

Name **Community Management Services Inc**

Street Address (P.O. Box Number is Not Acceptable) **5609 45 19 STE G**

City **NEW PORT RICHEY FL** Zip Code **34652**

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 **2/17/06**

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

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                                      |                                      |  |
|--------------------------------------|--------------------------------------|--|
| TITLE<br>P                           | NAME<br>FREEDMAN, SID                | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS<br>8205 AQUILA STREET | CITY-ST-ZIP<br>PORT RICHEY, FL 34668 |  |
| TITLE<br>P D                         | NAME<br>TRIOLA, ROBERT               | <input type="checkbox"/> Delete            |
| STREET ADDRESS<br>8230 AQUILA STREET | CITY-ST-ZIP<br>PORT RICHEY, FL 34668 |  |
| TITLE<br>TR D                        | NAME<br>DAILY, TIM                   | <input type="checkbox"/> Delete            |
| STREET ADDRESS<br>8242 AQUILA STREET | CITY-ST-ZIP<br>PORT RICHEY, FL 34668 |  |
| TITLE<br>D S                         | NAME<br>O'NEILL, STEVEN              | <input type="checkbox"/> Delete            |
| STREET ADDRESS<br>8306 AQUILA STREET | CITY-ST-ZIP<br>PORT RICHEY, FL 34668 |  |
| TITLE<br>S                           | NAME<br>DOLMAN, DOROTHY              | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS<br>8202 BRENT STREET  | CITY-ST-ZIP<br>PORT RICHEY, FL 34668 |  |
| TITLE                                | NAME                                 | <input type="checkbox"/> Delete            |
| STREET ADDRESS                       | CITY-ST-ZIP                          |  |

11. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |             |  |
|----------------|-------------|--|
| TITLE          | NAME        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP |  |
| TITLE          | NAME        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP |  |
| TITLE          | NAME        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP |  |
| TITLE          | NAME        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS | CITY-ST-ZIP |  |
| TITLE          | NAME        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS | 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 **2/17/06** Daytime Phone # **7278169900**