

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004724

FILED
Apr 28, 2006
Secretary of State

Entity Name: OLD PALM HARBOR MAIN STREET, INC.

Current Principal Place of Business:

1190 GEORGIA AVE
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

1190 GEORGIA AVE
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 59-3683895 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLENNER, WALTER W
2708 ALTERNATE 19 NORTH
SUITE 701
PALM HARBOR, FL 34683 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: SD () Delete
Name: FIELDS, CONNIE
Address: 1021 15TH STREET
City-St-Zip: PALM HARBOR, FL 34683

Title: VD () Delete
Name: AVRAMIDIS, TESS
Address: 1019 FLORIDA AVE
City-St-Zip: PALM HARBOR, FL 34683

Title: T () Delete
Name: PRIEST, SHELIA
Address: 1000 OMAHA ST
City-St-Zip: PALM HARBOR, FL 34683

Title: D (X) Delete
Name: WARMOUTH, RACHELLE
Address: 63 EAGLE LANE
City-St-Zip: PALM HARBOR, FL 34683

Title: PD () Delete
Name: KLINE, LESLEY
Address: 1219 FLORIDA AVE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MONTELARO, JAN
Address: 120 PENNSYLVANIA AVE.
City-St-Zip: PALM HARBOR, FL 34683

Title: S (X) Change () Addition
Name: WAZELLE, JAY
Address: 2295 TUSCANY TRACE #21
City-St-Zip: PALM HARBOR, FL 34683

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

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

Title: PD (X) Change () Addition
Name: KLEIN, LESLEY
Address: 1219 FLORIDA AVE
City-St-Zip: PALM HARBOR, FL 34683

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: LESLEY KLEIN

Electronic Signature of Signing Officer or Director

P

04/28/2006

Date