

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

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90370 002 \*\*\*\*61.25

**DOCUMENT # 734377**

1. Entity Name

**THE FRIENDLY NATIVE BEACH RESORT CONDOMINIUM, INC.**



Principal Place of Business      Mailing Address

**6700 SUNSET WAY  
ST PETERSBURG BEACH FL 33706-2053**      **6700 SUNSET WAY  
ST PETERSBURG BEACH FL 33706-2053**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-1656341**       Not Applicable

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

    

1st MOORE      CR2E037 (10/05)

**6. Name and Address of Current Registered Agent**

**HURLEY, J. K  
6700 SUNSET WAY  
ST PETERSBURG BEACH FL 33706**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: 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	PD	<input checked="" type="checkbox"/> Delete
NAME	VICKERS, LARRY	
STREET ADDRESS	640 VALLEY FORCE RD	
CITY-ST-ZIP	COOKEVILLE TN	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RAAB, RICHARD	
STREET ADDRESS	2263 WEST LIBERTY	
CITY-ST-ZIP	ANN ARBOR MI	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALMERIC, MARJORIE	
STREET ADDRESS	807 W INDIANA AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GARCIA, DULCE MARIA V	
STREET ADDRESS	4808 DARBY AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWENSON, GLENN	
STREET ADDRESS	3521-6TH AVE., N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ A G	
STREET ADDRESS	908 W VIRGINIA AVE	
CITY-ST-ZIP	TAMPA FL	

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

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TED FRISSORA	
STREET ADDRESS	643 WHITETAIL DR.	
CITY-ST-ZIP	GAHAN, OH	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN MARTINS	
STREET ADDRESS	6 LINKS LANE	
CITY-ST-ZIP	BRAMPTON ONTARIO CANADA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE: *Dulce Maria Garcia (Treas)* 4/8/2006