

**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

1st MOORE CR2E037 (10/05)

4. FEI Number Applied For

59-1656341 Not Applicable

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

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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD VICKERS, LARRY 640 VALLEY FORCE RD COOKEVILLE TN	<input checked="" type="checkbox"/> Delete	TITLE PD NAME TED FRISSORA STREET ADDRESS 643 WHITETAIL DR. CITY-ST-ZIP GAHAN, OH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD RAAB, RICHARD 2263 WEST LIBERTY ANN ARBOR MI	<input checked="" type="checkbox"/> Delete	TITLE VD NAME JOHN MARTINS STREET ADDRESS 6 LINKS LANE CITY-ST-ZIP BRAMPTON ONTARIO CANADA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD ALMERIC, MARJORIE 807 W INDIANA AVE. TAMPA FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD GARCIA, DULCE MARIA V 4808 DARBY AVE. TAMPA FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D SWENSON, GLENN 3521-6TH AVE., N. ST. PETERSBURG FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D MARTINEZ A G 908 W VIRGINIA AVE TAMPA FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)* 4/18/2006