


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90172 050 \*\*\*\*61.25

<b>DOCUMENT # 719916</b> 1. Entity Name <b>BOCA CIEGA POINT EAST "TWO" CONDOMINIUM CORPORATION, INC.</b>					
Principal Place of Business <b>275 BOCA CIEGA POINT BLVD. ST. PETERSBURG, FL 33708</b>			Mailing Address <b>275 BOCA CIEGA POINT BLVD. ST. PETERSBURG, FL 33708</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1561869</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>FEDERATION OF BOCA CIEGA PT CONDO, INC. 275 BOCA CIEGA POINT BLVD ST. PETERSBURG, FL 33708</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARDINA, DAVID <input checked="" type="checkbox"/> Delete 275 BOCA CIEGA PT BLVD ST. PETERSBURG, FL 33708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEINHARDT, MELODY <input type="checkbox"/> Delete 275 BOCA CIEGA PT. BLVD. SAINT PETERSBURG, FL 33708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT Melody Meinhardt <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 275 Boca Ciega Pt Blvd St. Pete., FL 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Barbara Peabody <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 275 Boca Ciega Pt. Blvd St. Pete., FL 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Beth Denver <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 275 Boca Ciega Pt. Blvd St. Pete., FL 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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.					
<b>SIGNATURE:</b> <u>B.E. Denver</u> <b>4-27-06</b> <b>727 398-1270</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					