


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State

05-25-2006 90013 043 ****61.25

DOCUMENT # N05000010869

1. Entity Name
 106TH AVENUE TOWNHOMES OWNERS ASSOCIATION, INC.



Principal Place of Business
 1623 - 106TH AVENUE NORTH
 LARGO, FL

Mailing Address
 1623 - 106TH AVENUE NORTH
 LARGO, FL

2. Principal Place of Business
 10623 106th Avenue N.
 Suite, Apt. #, etc.

3. Mailing Address
 10623 106th Ave N.
 Suite, Apt. #, etc.

City & State
 Largo, FL

City & State
 Largo, FL

Zip
 33772

Country
 USA

Zip
 33772

Country
 USA



05222006 Chg-NP CR2E037 (4/06)

4. FEI Number Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 SCHULER, TIMOTHY C
 9075 SEMINOLE BOULEVARD
 SEMINOLE, FL 33772

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

Filing Fee is \$61.25 Due by September 6, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HENDRY, JAMES M P.O. BOX 7568 SEMINOLE, FL 33775 <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	DST HENDRY, GWEN P.O. BOX 7568 SEMINOLE, FL 33775 <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	D SCHULER, TIMOTHY 9075 SEMINOLE BOULEVARD SEMINOLE, FL 33772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: James M. Hendry 5/22/06 727-459-4684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #