

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State



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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number		Applied For	
59-1656341		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>			



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HURLEY, J. K. 6700 SUNSET WAY ST PETERSBURG BEACH FL 33706		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 registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	FRISSORA, TED	<input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	643 WHITETAIL DR GAHANG OH		000000600920 01/26/07-80028-025 61.25
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VD MARTINS, JOHN	<input type="checkbox"/>	
CITY-STATE-ZIP	6 LINKS LN BRAMPRON, ONTARIO CANADA		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SD ALMERICCO, MARJORIE	<input type="checkbox"/>	
CITY-STATE-ZIP	807 W INDIANA AVE. TAMPA FL		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	TD GARCIA, DULCE MARIA V	<input type="checkbox"/>	
CITY-STATE-ZIP	4808 DARBY AVE. TAMPA FL		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D SWENSON, GLENN	<input type="checkbox"/>	
CITY-STATE-ZIP	3521-6TH AVE.,N. ST.PETERSBURG FL		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D MARTINEZ A G	<input type="checkbox"/>	
CITY-STATE-ZIP	908 W VIRGINIA AVE TAMPA FL		

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 V. Garcia 1/18/2007 (813) 872-0350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR