

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90021 012 ****61.25

DOCUMENT # 712981					
1. Entity Name CULBREATH ISLES PROPERTY OWNERS ASSOCIATION, INC					
Principal Place of Business 4131 GUNN HWY. TAMPA, FL 33624			Mailing Address 4131 GUNN HWY. TAMPA, FL 33624		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1382856	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent Meirose & Friscia, P.A. 500 North Westshore Blvd, Ste. 830 Tampa, FL 33609				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 <u>2/26/07</u>	
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 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..					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME HARBERT, CAROLYN	<input checked="" type="checkbox"/> Delete	TITLE D	NAME Hardin, John	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4908 LYFORD CAY RD	TAMPA, FL 33629		STREET ADDRESS 4931 St. Croix	Tampa, FL 33629	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	Tampa, FL 33629	
TITLE PD	NAME SASDE, CHIBANI	<input type="checkbox"/> Delete	TITLE D	NAME Walker, Ken	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4928 ST. CROIX	TAMPA, FL 33629		STREET ADDRESS 4901 Lyford Cay Road	Tampa, FL 33629	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	Tampa, FL 33629	
TITLE T	NAME JOHNSON, ROBERT	<input type="checkbox"/> Delete	TITLE S	NAME Cusack, Jim	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1601 CULBRENIN ISLES DR S	TAMPA, FL 33629		STREET ADDRESS 4910 St. Croix	Tampa, FL 33629	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	Tampa, FL 33629	
TITLE VP	NAME RINKER, CHRIS	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4911 NEW PROVIDENCE	TAMPA, FL 33629		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE D	NAME HULSE, RON	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4912 LYFORD CAY RD.	TAMPA, FL 33629		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	