


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90042 037 \*\*\*\*61.25

<b>DOCUMENT # 728811</b> 1. Entity Name PATIO VILLAGE CORPORATION, INC.					
Principal Place of Business 6135 66 ST NORTH PATIO VILLAGE OFFICE ST PETERSBERG, FL 33709			Mailing Address 6135 66 ST NORTH PATIO VILLAGE OFFICE ST PETERSBERG, FL 33709		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-1548640				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CABLE, SANDRA 6135-66TH ST N LOT 118 ST PETERBURG, FL 33709			7. Name and Address of New Registered Agent Name <u>MORGAN MIKE</u> Street Address (P.O. Box Number is Not Acceptable) <u>6135 66th ST. N. LOT 310</u> City <u>ST PETERSBURG</u> FL <u>33709</u>		
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 <u>Michael P. Morgan</u> <u>MANAGER/TREASURER</u> <u>1-18-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
TITLE	TM	<input checked="" type="checkbox"/> Delete	TITLE	TM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CABLE, SANDRA		NAME	MORGAN, MIKE	
STREET ADDRESS	6135-66TH ST N #118		STREET ADDRESS	6135 66th ST. N. LOT 310	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709		CITY-ST-ZIP	ST PETERSBURG, FL 33709	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABERLE, DALE		NAME		
STREET ADDRESS	6135-66TH ST N #510		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, JOCELYNE		NAME		
STREET ADDRESS	6135 66TH STREET N #318		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33709		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTTERFIEL, LEWIS		NAME	ROCHELEAU, DAUE	
STREET ADDRESS	6135-66TH ST N #114		STREET ADDRESS	6135 66th ST. N. LOT 125	
CITY-ST-ZIP	ST PETERSBURG, FL 33709		CITY-ST-ZIP	ST PETERSBURG, FL 33709	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMBOER, BILL		NAME	DONOGHUE, STEPHEN	
STREET ADDRESS	6135 66TH STREET N, #221		STREET ADDRESS	6135 66th ST. N. LOT 216	
CITY-ST-ZIP	ST PETERSBURG, FL 33709		CITY-ST-ZIP	ST PETERSBURG, FL 33709	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSSMAN, AUSTIN		NAME		
STREET ADDRESS	6135 66TH ST., N. #409		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33709		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: <u>Michael P. Morgan</u> <u>MANAGER/TREASURER</u> <u>1-18-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					