2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2006 8:00 am Secretary of State

05-03-2006 90258 017 ****61.25

1. Entity Nam	MENT # 750540 SI PLACE TOWNHOUSE C	ONDOMINIUM, INC		05-	.03-2006 90258	3 017 ****61.2	25	
P 0 B0X 884 P 0		Mailing Address P 0 BOX 884 PALM HARBOR, FL 3						
Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP CF	R2E037 (11/05)		
City & State		City & State	City & State		 i1	<u></u>	plied For at Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add		
	6. Name and Address of Current		7. Name and Address of New Registered Agent					
BRUDANY, MICHAEL			Name	Name				
28100 US	HWY 19 NORTH #300		Street Address		Not Acceptable)		· · · · · · · · · · · · · · · · · · ·	
CLEARWA	ATER, FL 33761-2655							
			City			FL Zip Cod	e	
the obligat	Signature, typed or printed name of registered agent	and title it applicable. (NC	DTE: Registered Agent signature requi	red when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 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 DI	RECTORS	11,	ADDITIONS/CHANG	ES TO OFFICERS A			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FULTZ, ROBERT 191 WOODETTE DRIVE DUNEDIN, FL 34698	☐ Delate		D eneva A e7 wood uned. N 1	ette Di	Change	■ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRANNER, PEGGY 149 WOODETTE DR. DUNEDIN, FL 34698	De Bo lcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IONOTA, VINCE 131 WOODETTE DR. DUNEDIN, FL 34698	☐ Delete	TITLE NAME STREET ADDRESS City-St-Zip			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T IOZZI, JEFF 179 WOODETTE DR. DUNEDIN, FL 34698	, ₩ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE	D	Delete	TITLE			☐ Change	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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

BARR, PATRICK

178 WOODETTE DR.

DUNEDIN, FL 34698

Delete

Change

☐ Addition