2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006
Secretary of State

DOCUMENT# 753692

Entity Name: GULF SPRAY CONDOMINIUM ASSOCIATION OF ST. PETER SBURG, INC.

Current Principal Place of Business:

P.O. BOX 66392
ST. PETERSBURG, FL 337366392 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 66392
ST. PETERSBURG, FL 337366392 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREENE, DANA
1145 NW 90TH TERRACE
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	TAKO NICOLAISEN, MICHAEL J	
Address:	9509 CHARLESTON LAKE DRIVE	
City-St-Zip:	TAMPA, FL 33635	
Title:	SD	( ) Delete
Name:	GREENE, DANA	
Address:	1145 NW 90 TERRACE	
City-St-Zip:	PEMBROKE PINES, FL 33024	
Title:	VPD	( ) Delete
Name:	RODGERS, RICHARD	
Address:	491 BERNICE BLVD.	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	TD	( ) Delete
Name:	TAKO NICOLAISEN, GITTA A	
Address:	9509 CHARLESTON LAKE DRIVE	
City-St-Zip:	TAMPA, FL 33635	
Title:	VPD	( ) Delete
Name:	GREENE, ANGIE	
Address:	1145 NW 90TH TERRACE	
City-St-Zip:	PEMBROKE PINES, FL 33024	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. TAKO NICOLAISEN PD 01/12/2006

Electronic Signature of Signing Officer or Director — Date