

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 757304**

1. Entity Name  
**ECKERD COLLEGE PROPERTIES, INC.**



Principal Place of Business  
**4200-54TH AVENUE SOUTH  
PO BOX 12560  
ST. PETERSBURG, FL 33733**

Mailing Address  
**PO BOX 46785  
SAINT PETERSBURG, FL 33741**

**DO NOT WRITE IN THIS SPACE**



01142006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2124132</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RIDGE, GEORGE E  
C/O COOPER, RIDGE & BEALE P.A.  
200 W. FORSYTH STREET, SUITE 1200  
JACKSONVILLE, FL 32202**

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IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required 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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MCKENNA, WILLIAM J JR 31 FRANKLIN COURT S. SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC WHITCOMB, STANLEY P 8891 BRIGHTON LANE #126 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RISSER, P N III 2865 EXECUTIVE CENTER DRIVE CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANSON, ARTHUR J III 1000 LEGION PLACE, SUITE 1700 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRENN, GROVER 7319 DESERT RIDLE GLEN BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000567787  
06/30/06-80003-009 61.25

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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 # \_\_\_\_\_