

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90306 031 ****61.25

DOCUMENT # 760321

1. Entity Name
**SOUTH BOULEVARD TOWNHOUSES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**112135 OSCEOLA DR
NEW PORT RICHEY, FL 34654 US**

Mailing Address
**PO BOX 1407
PORT RICHEY, FL 34673 US**

2. Principal Place of Business
6710 Embassy Blvd

3. Mailing Address

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

City & State

Port Richey FL

City & State

Zip
34668

Country
Pasco

Zip

Country

03282006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2136706

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MYSZKOWIAK, MARY ANN
11235 OSCEOLA DR
NEW PORT RICHEY, FL 34654**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6710 Embassy Blvd Suite 204

City

Port Richey

FL

Zip Code

34668

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 reappointing)

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 DIRECTORS

TITLE PD
NAME PEARSON, CRAIG ☐ Delete
STREET ADDRESS 6250 TENNESSEE AVENUE
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE VD
NAME REALI, SILVIO ☐ Delete
STREET ADDRESS 9507 WOODBAY DR
CITY-ST-ZIP TAMPA, FL 33626

TITLE ST ☒ Delete
NAME PEGGY, MACGRUDER
STREET ADDRESS 7510 GRAND BLVD.
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Change ☒ Addition
NAME Joanne King
STREET ADDRESS 6250 Tennessee Ave
CITY-ST-ZIP New Port Richey FL 34668 ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 #

3/29/06 727-859-9734