## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 23, 2007 8:00 am Secretary of State 04-23-2007 90081 020 \*\*\*\*61.25

DOCUMENT # 768849  1. Entity Name JUNGLE SHORES UNIT 6 ASSOCIATION, INC.				Son		0081 020 *****	51.25	
Principal Place of Business 2900 PELHAM RD 2900 PELHAM RD ST. PETERSBURG, FL 33710 US ST. PETERSBURG, FL 33710		710 US .	40075	8(8) /8(1) 8(8)8 /8(1 )	II <b>ala</b> rı beril beril birsi birsi ber			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address & 2 5 3 2 9 AVEW & 2 5 3 2 9 Suite, Apt. #, etc.		AUE N	04202007 Chg-NP CR2E037 (12/06)					
City & Stat	Peterslar FC	St Poters by	s fc	4. FEI Number 59-230401	0		plied For t Applicable	
2771	Country A	33710	Country	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Require		
711	6. Name and Address of Current R	Registered Agent	Nama	7. Name and Add	ess of New Regi	stered Agent		
GRUSKIN, DAVID S.				Name Street Address (P.O. Box Number is Not Acceptable)				
8253 29TH AVE. N. ST. PETERSBURG, FL 33710			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
) ;			City	<del>"</del>		<b>E</b> ∎ Zip Code	8	
8. The above	named entity submits this statement for		stered agent, or both, in	the State of Florid	re			
	ions of registered agent.	the purpose of onlinging to reg	groter our office	no od agorn, dr botti, iii		a. Pari jarina witi,	and accept	
SIGNATURE								
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Re	egistered Agent signature requ	ired when reinstating)		DATE		
	Signature, typed or printed name of registered agent as Filling Fee is \$61.25 Due by May 1, 2007	9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Added to Fees		e check payable to Department of St		
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Campa Trust Fund Con	aign Financing tribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Florida	e check payable to Department of St	tate	
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12. I hereby certify that the information supplied with this filting 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

Date

Date

Date

Date