

# 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.**



Principal Place of Business  
**2900 PELHAM RD  
ST. PETERSBURG, FL 33710 US**

Mailing Address  
**2900 PELHAM RD  
ST. PETERSBURG, FL 33710 US**

40075757



2. Principal Place of Business - No P.O. Box #  
**8253 29 AVEN**  
Suite, Apt. #, etc.

3. Mailing Address  
**8253 29 AVEN**  
Suite, Apt. #, etc.

04202007 Chg-NP CR2E037 (12/06)

City & State  
**St. Petersburg FL**  
Zip  
**33710**  
Country  
**USA**

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**St. Petersburg FL**  
Zip  
**33710**  
Country  
**USA**

4. FEI Number  
**59-2304010**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GRUSKIN, DAVID S.  
8253 29TH AVE. N.  
ST. PETERSBURG, FL 33710**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HAULSEE, MARCIA S 2900 PELHAM RD SAINT PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVID J. GRUSKIN 8253 29TH AVE N ST PETERSBURG, FL 00000,	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELTON, MILLIE 8294 29TH AVE., NO. ST PETERSBURG, FL 00000,	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOY, LESLIE 8269 29TH AVE., N ST PETERSBURG, FL 00000,	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODOM, TERESA 8260 29TH AVE., N ST PETERSBURG, FL 00000,	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Patricia Bocuti</b> <b>8225 29 AVEN</b> <b>St. Petersburg, FL 33710</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Terry Odom</b> <b>8260 29 AVEN</b> <b>St. Petersburg, FL 33710</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dave Tenant D</b> <b>2901 Pelham Rd</b> <b>St. Petersburg, FL 33710</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>David Gruskin, Treasurer</b> <b>8253 29 AVEN</b> <b>St. Petersburg, FL 33710</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **David Gruskin** **4/20/07** **727 321 1728**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #