

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770641

FILED
May 23, 2006
Secretary of State

Entity Name: SANTIAGO ON THE BAYSHORE, INC.

Current Principal Place of Business:

2923 SANTIAGO ST
TAMPA, FL 33629 US

New Principal Place of Business:

2913 W SANTIAGO ST
TAMPA, FL 33629 US

Current Mailing Address:

2923 SANTIAGO ST
TAMPA, FL 33629 US

New Mailing Address:

2913 W SANTIAGO ST
TAMPA, FL 33629 US

FEI Number: 59-2871399 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SANFORD, CHRISTY
2923 SANTIAGO ST
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

FIDLER, WILLIAM K
2913 W SANTIAGO ST
TAMPA, FL 33629 US

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: W. KYLE FIDLER

05/23/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TURNER, RON
Address: 2925 SANTIAGO ST
City-St-Zip: TAMPA, FL 33629

Title: VP (X) Delete
Name: TOBON, KIM
Address: 2931 SANTIAGO ST
City-St-Zip: TAMPA, FL 33629

Title: TD (X) Delete
Name: SANFORD, CHRISTY
Address: 2923 SANTIAGO ST
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: FIDLER, WILLIAM K
Address: 2913 W SANTIAGO ST
City-St-Zip: TAMPA, FL 33629

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: W. KYLE FIDLER

T

05/23/2006

Electronic Signature of Signing Officer or Director

Date