

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

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1. Entity Name
JUNGLE PRADA NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**540 - 4TH STREET NORTH
ST. PETERSBURG, FL 33701**

Mailing Address
**540 - 4TH STREET NORTH
ST. PETERSBURG, FL 33701**

DO NOT WRITE IN THIS SPACE



04042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3655220

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BYRNE, JAMES A ESQ.
540 - 4TH STREET NORTH
ST. PETERSBURG, FL 33701**

**DO NOT WRITE
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 resigning)

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	PD
NAME	TRAXLER, PAUL
STREET ADDRESS	1336 COUNTRY CLUB RD. N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	TD
NAME	WISSLEY, DAVID
STREET ADDRESS	540 4TH ST. N.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	SD
NAME	HANN, JEFF
STREET ADDRESS	540 4TH ST., N.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	VD
NAME	BYRNE, JAMES A
STREET ADDRESS	540 - 4TH STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000001497340
04/22/06-80050-009 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:

James A. Byrne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06
Date

(727) 898-3273
Daytime Phone #