

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000004565	
1. Entity Name HACIENDA ANNA MARIA TOWNHOMES ASSOCIATION, INC.	



Principal Place of Business 3014 W GROVEWOOD COURT UNIT E TAMPA, FL 33629	Mailing Address 3014 W GROVEWOOD COURT UNIT E TAMPA, FL 33629
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04122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3716393	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LIST REALTY INC 2101 W PLATT STREET, SUITE #200 TAMPA, FL 33606

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**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 NAME STREET ADDRESS CITY-ST-ZIP	P DAVENPORT, JOHN 3014 W GROVEWOOD CT, UNIT C TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WISDOM, JULIE 3014 W GROVELAND CT, UNIT A TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GELLER, ROBERT 3014 W GROVELAND CT, UNIT F TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANLY, AMY 3014 W GROVELAND CT, UNIT E TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/29/06-80178-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Amy Hanly*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06 813/274-6171
Date Daytime Phone