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

DOCUMENT # N01000007281



FILED Apr 26, 2006 8:00 am Secretary of State

1. Entity Nam SPANISH	PALMS CONDOM	INIUM ASSOC	CIATION, INC.					04-26-2	2006 901	/9 003 🎌	***61.23
Principal Place of Business 340 1ST ST NORTH ST. PETERSBURG, FL 33701-2911		340	Mailing Address 340 1ST ST NORTH ST. PETERSBURG, FL 33701-2911				. reemen en	Eelef Hen Sem Bom E	em sens sem s	1 D10 (1881 (015) 17	rmei di meti
2. Principal Place of Business		3. Ma	3. Mailing Address								
Suite, Apt. #, etc.		, s	Suite, Apt. #, etc.				04062006	Chg-NP	CR2E0	37 (11/05)	
City & State			City & State				4. FEI Numbe 04-3670				oplied For of Applicable
Zip	Country	Z	îp	Cou	intry		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of	of Current Register	red Agent				7. Name and	Address of New	Registered	Agent	
TYLER, SI	HIRLEY				Name						
7601 M.L. KING ST STE B SAINT PETERSBURG, FL 33702			Street Address			ddress (f	P.O. Box Numbe	er is Not Acceptab	ele)		÷-
	,				City				FL	Zip Cod	e
	named entity submits this stions of registered agent.	tatement for the pur	pose of changing its	registere	ed office or	registere	ed agent, or bot	h, in the State of F	florida. I am	familiar with,	and accept
Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent eignature required when renstating) CATE											
		egistered agent and title # a	pplicable. (NOTE	: Registered	d Agent signati	ura required	when reinstating)		DATE		
		· · · · · · · · · · · · · · · · · · ·	9. Election Can Trust Fund C	npaign F	inancing		\$5.00 May B Added to Fees.	e Flo	Make chec	k payable to	
10.	Filling Fee is \$61.25 Due by May 1, 2006 OFFICEF	· · · · · · · · · · · · · · · · · · ·	9. Election Can Trust Fund C	npaign F Contributi	inancing ion.		\$5.00 May B Added to Fees.	e Flo	Make chec orida Depar	rtment of SI	10
TO.	Filling Fee is \$61.25 Due by May 1, 2006 OFFICER	AS AND DIRECTOR	9. Election Can Trust Fund C	npaign F Contributi	inancing ion.		\$5.00 May B Added to Fees.	Flo	Make chec orida Depar	rtment of Si	ate
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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: