


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

**FILED**  
**Aug 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000000540</b> 1. Entity Name <b>LAKE MAGGIORE SHORES NEIGHBORHOOD ASSOCIATION, INC.</b>	
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Principal Place of Business <b>1434 23RD AVE SOUTH ST. PETERSBURG, FL 33705</b>	Mailing Address <b>1434 23RD AVE SOUTH ST. PETERSBURG, FL 33705</b>
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**DO NOT WRITE IN THIS SPACE**



05082006 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DARLING, BERNICE  
1434 23RD AVE SOUTH  
ST. PETERSBURG, FL 33705**

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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.

<b>Filing Fee is \$125 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	DATE
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DARLING, BERNICE 1434 23RD AVE SOUTH ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BATES, VIOLA 1520-26TH AVE.SOUTH ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANDERS, DEBORAH 2309-13TH ST SOUTH ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PORTER, DAPHNE 1301-26TH AVE.SOUTH ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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08/15/06-80004-012 61.25

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.

<b>SIGNATURE:</b> 	<b>8/10/06</b> Date	Daytime Phone #
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