


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90304 047 ****61.25

DOCUMENT # N02000004915

1. Entity Name
NANTUCKET SQUARE COMMERCIAL CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
2395 N COURTENAY PKWY
MERRITT ISLAND, FL 32953

Mailing Address
2395 N COURTENAY PKWY
MERRITT ISLAND, FL 32953

60024578

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
2395 N. Courtenay Pkwy
Suite, Apt. #, etc.
#103

City & State
Merritt Island, Florida

Zip Country
32953 Brevard



04072006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-0007332

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GRAYBEAL, TONY
2395 N COURTENAY PKWY
MERRITT ISLAND, FL 32953

7. Name and Address of New Registered Agent
Name Paul Mahnke
Street Address (P.O. Box Number is Not Acceptable)
2395 N. Courtenay Pkwy #103
City Merritt Island FL Zip Code 32953

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 *Paul Mahnke* DATE 4/7/06

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA GRAYBEAL, TONY 1055 MERCEDES DR MERRITT ISLAND, FL 32952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MAHNKE, ELAINE 2395 N COURTENAY PKWY #103 MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	.PRES. MAHNKE, PAUL 2395 N COURTENAY PKWY #103 MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT- MAHNKE, PAUL 2395 N COURTENAY PKWY #103 MERRITT ISLAND, FL 32953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Paul Mahnke* PRESIDENT PAUL MAHNKE DATE 4/7/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #