


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90078 042 \*\*\*\*61.25

<b>DOCUMENT #</b> N02000005980	
1. Entity Name OLD NORTHEAST TOWNHOMES ASSOCIATION, INC.	

Principal Place of Business 833 3RD STREET N. ST. PETERSBURG, FL 33701	Mailing Address POST OFFICE BOX 7723 SAINT PETERSBURG, FL 33734
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2. Principal Place of Business		3. Mailing Address PO Box 7351	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State St. Petersburg FL	
Zip	Country	Zip 33734	Country Zip 33734

01202006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent BUXBAUM, GABRIELE 506 39 AVE NE SAINT PETERSBURG, FL 33703	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P2 MOORE, TIMOTHY 2089 IOWA AVE NE SAINT PETERSBURG, FL 33703 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FIORINI, SUZANNE 849 3RD STREET N SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RYAN, THOMAS E 327 87TH AVE N SAINT PETERSBURG, FL 33702 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	add title <u>P</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Soloman Selanikio <u>D</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 902 Reflection Way Osprey FL 34229
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Ellen Gray <u>D</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 841 3rd St N. St. Petersburg FL 33701
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: Thomas E RYAN 3-10-06 727502504  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #