

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-10-2006 90296 001 \*\*\*\*61.25

60026100



01312006 Chg-NP CR2E037 (11/05)

4. FEI Number **32-0052360** Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

CONDOMINIUM ASSOCIATES  
777 S HARBOR ISLAND BLVD, STE 270  
TAMPA, FL 33602

## 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 \_\_\_\_\_  
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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SHELTON, JUDY	
STREET ADDRESS	3232 S. MCDILL AVENUE #201	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	DS VDT	<input type="checkbox"/> Delete
NAME	HUGHES, BRANDI	
STREET ADDRESS	3232 S MACDILL AVENUE #205	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	VDT T	<input type="checkbox"/> Delete
NAME	PURCELL, CHARLIE	
STREET ADDRESS	3232 S. MACDILL AVENUE #208	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	Jill Astwood DS	<input type="checkbox"/> Delete
NAME	3232 S. MacDill Ave #103	
STREET ADDRESS	Tampa, FL 33629	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '06

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Jill Astwood, DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3232 S. MacDill Ave	
STREET ADDRESS	#103	
CITY-ST-ZIP	Tampa FL 33629	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Judy Shelton, Pres. Judy Shelton, Pres. 2/28/06 813-831-6266  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

RECEIVED

MAR 07 2006