


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90430 029 \*\*\*\*61.25

<b>DOCUMENT # N03000004128</b> 1. Entity Name <b>THE VILLAGE OF SAFETY HARBOR HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 434 SAFETY HARBOR, FL 34695</b>			Mailing Address <b>P.O. BOX 434 SAFETY HARBOR, FL 34695</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>MANNION, ELIZABETH R 1150 CLEVELAND STREET SUITE 300 CLEARWATER, FL 33755</b>				7. Name and Address of New Registered Agent Name <b>NO CHANGE</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>THOMAS, JEFFERY</b> <b>913 WOODBRIDGE CRT</b> <b>SAFETY HARBOR, FL 34695</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NO CHANGE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP S</b> <b>LARSEN, TARA</b> <b>924 WOODBRIDGE CRT</b> <b>SAFETY HARBOR, FL 34695</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CHANGE TITLE TO SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BALBONI, HUGH</b> <b>917 WOODBRIDGE CRT</b> <b>SAFETY HARBOR, FL 34695</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TREASURER</b> <b>GARY CONOVER</b> <b>929 WOODBRIDGE CRT.</b> <b>SAFETY HARBOR FL 34695</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S VP</b> <b>LUBIN, MARY</b> <b>917 WOODBRIDGE CRT</b> <b>SAFETY HARBOR, FL 34695</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CHANGE TITLE TO VICE-PRESIDENT &amp; ADDRESS TO 926 WOODBRIDGE CRT. 34695</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOVIN, JOETTE G</b> <b>916 WOODBRIDGE CRT</b> <b>SAFETY HARBOR, FL 34695</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIRECTOR</b> <b>CAROL FEINBERG</b> <b>905 WOODBRIDGE CRT.</b> <b>SAFETY HARBOR, FL 34695</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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.					
<b>SIGNATURE: JEFFERY THOMAS - JEFFERY THOMAS, PRESIDENT</b> <b>4/27/06</b> <b>727-791-4886</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					