## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0300007866  1. Entity Name AUDUBON VILLAS HOMEOWNERS ASSOCIATION, INC.						04-10-2006 90296 002 ****61.25					
Principal Place 13907 CARRI TAMPA, FL 3	OLLWOOD VILLAGE RUN	Mailing Address 3001 EXECUTIVE DR. SUITE 260 CLEARWATER, FL 33762									
2. Principal Pl	ace of Business I Executive Dr.	3. Mailing Address								.E. 1. 1811	
Suite, Apt.	<u> •</u>	Suite, Apt. #, etc.				01312006 Chg	g-NP	CR2E037 (	11/05)		
City & State	Clearwater FL	City & State				00 000000			<del></del>	Applicable	
Zip	3767 Country USA	Zip		Country		5. Certificate of Stat	tus Desired	□ \$8	.75 Addi Required	tional	
	6. Name and Address of Current F	Registered	Agent	Name	'	7. Name and Addre	ess of New Re	gistered Age	nt		
CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR. STE 260 CLEARWATER, FL 33762					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 little if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE											
	Filing Fee is \$61.25  Due by May 1, 2006  9. Election Campaign F Trust Fund Contribut				tion. Added to Fees Florida Department of State						
10.				11.	As.	ADDITIONS/CHANGE			TORS IN	10 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	RAPPAPORT, JASON T 13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33618				Alec 261 Tun	3 Firma CT	Γ		Chairige	Lag Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIRBANKS, GARY 13907 CARROLLWOOD VILLAGE TAMPA, FL 33618	E RUN	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	26 Ju	ac B. Tort	write CT 33609		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAPPAPORT, A.G. 13907 CARROLLWOOD VILLAGE TAMPA, FL 33618	E RUN	(C) Delete	NAME STREET ADDRESS CITY-ST-ZIP	340 260 Tax	DiBero IS Expans CT Da FC 33	1609		Change	L Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
NITLE NAME STREET ADDRESS CITY-ST-ZIP	11		Delete	NAME STREET ADDRESS CITY-ST-ZIP					Change	Ĺ Adaltion (	
12. I hereby certify that the information supplied with this filing toes 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 of trusted 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 vity an address, with high the like empowered.											
SIGNATURE:  SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR THREATOR Date Date Date Date Date Date Date Date											