

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90029 049 \*\*\*\*61.25

**DOCUMENT # N03000009648**

1. Entity Name  
PHOEBE PARK ASSOCIATION, INC.



Principal Place of Business

1463 OAKFIELD DR  
STE 141  
BRANDON, FL 33511

Mailing Address

P O BOX 6235  
BRANDON, FL 33508

**DO NOT WRITE IN THIS SPACE**

05102006 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
54-2133248

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCNEIL MGMT SVCS INC  
1463 OAKFIELD DR  
BRANDON, FL 33511

**DO NOT WRITE  
IN THIS SPACE**

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 September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME DESANTO, ROCCO  
STREET ADDRESS 15718 PHOEBE PARK AVE  
CITY-ST-ZIP LITHIA, FL 33547

TITLE D3  
NAME TRATTNER, DAWN  
STREET ADDRESS 15704 PHOEBE PARK AVE  
CITY-ST-ZIP LITHIA, FL 33547

TITLE D  
NAME TRAGESSER, SUZZANE  
STREET ADDRESS 15746 PHOEBE PARK AVE  
CITY-ST-ZIP LITHIA, FL 33547

TITLE D  
NAME HANSON, HOWARD  
STREET ADDRESS 5905 PHOEBE NEST DR  
CITY-ST-ZIP LITHIA, FL 33547

TITLE D  
NAME HARDY, STEVE  
STREET ADDRESS 5811 PHOEBE NEST DR  
CITY-ST-ZIP LITHIA, FL 33547

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rocco F. De Santis

Date

Daytime Phone #

5/11/06 813 4042712