



2006

NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000005306 1. Entity Name LA SETTE BELLE TOWNHOMES ASSOCIATION, INC.				FILED 06 JAN 27 PM 1:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4812 N GRADY AVE TAMPA, FL 33614		Mailing Address 4812 N GRADY AVE TAMPA, FL 33614		 9/20/05 010/0 002 861-25 88302005 Chg-NP CR2E037 (10/03)	
2. Principal Place of Business 3702 W. CASS ST. Suite, Apt. #, etc. Unit 8		3. Mailing Address 3702 W. CASS ST Suite, Apt. #, etc. # 8			
City & State Tampa FL		City & State Tampa FL			
Zip 33609		Zip 33609			
Country USA		Country USA		4. FEI Number APPLIED FOR 71-0988179	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DENOME, V. GREG 4812 N GRADY AVE TAMPA, FL 33614				Name Ken Hollingsworth	
				Street Address (P.O. Box Number is Not Acceptable) 3702 W CASS ST #1	
				City Tampa FL Zip Code 33609	
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 <u>Ken Hollingsworth</u> DATE <u>12-29-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DENOME, V. GREG 4812 N GRADY AVE TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President John Oster Olewski 3702 W. CASS ST #6 TAMPA, FL 33609	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, MATTHEW 4812 N GRADY AVE TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer/Vice President John R Jung 3702 W. CASS ST #4 TAMPA, FL 33609	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, SAYH 4812 N GRADY AVE TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Ken Hollingsworth 3702 W CASS ST #1 TAMPA, FL 33609	<input 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
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3/3/06	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 12/17/05		Daytime Phone # 813-612-7330