



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90013 050 ****61.25

DOCUMENT # N04000006513 1. Entity Name CULBREATH KEY BAYSIDE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5000 CULBREATH KEY WAY TAMPA, FL 33611			Mailing Address 5000 CULBREATH KEY WAY TAMPA, FL 33611		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01312006 Chg-NP CR2E037 (11/05)	
4. FEI Number 20-1379793 20-1413793				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				INITIAL <u><i>[Signature]</i></u> 40016375 	
6. Name and Address of Current Registered Agent MCNEAL RAND E CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE, SUITE 260 CLEARWATER, FL 33876				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 _____ (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 <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 PD NAME EVANS, WAYNE STREET ADDRESS 5000 CULBREATH KEY WAY UNIT 1302 CITY-ST-ZIP TAMPA, FL 33611	<input checked="" type="checkbox"/> Delete		TITLE D NAME HIGGENROTHAN, RICHARD STREET ADDRESS UNIT 4-106 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME PORTER, MORGAN STREET ADDRESS 5000 CULBREATH KEY WAY UNIT 9324 CITY-ST-ZIP TAMPA, FL 33611	<input type="checkbox"/> Delete		TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME BEACHY, STEPHEN STREET ADDRESS 5000 CULBREATH KEY WAY UNIT 1305 CITY-ST-ZIP TAMPA, FL 33611	<input type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME HAAS, THOMAS STREET ADDRESS 5000 CULBREATH KEY WAY UNIT 1106 CITY-ST-ZIP TAMPA, FL 33611	<input type="checkbox"/> Delete		TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME KAPLAN, JEFFERY STREET ADDRESS 5000 CULBREATH KEY WAY UNIT 9225 CITY-ST-ZIP TAMPA, FL 33611	<input checked="" type="checkbox"/> Delete		TITLE D NAME PODOLSKY, JOSH STREET ADDRESS UNIT 3-301 CITY-ST-ZIP	<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	
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: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>2/17/06</u> Daytime Phone # <u>727.523.9300</u>		